


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 455784 1. Entity Name PEAVY & SON CONSTRUCTION CO., INC.	
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Principal Place of Business 39 SCHWALL RD. HAVANA, FL 32333	Mailing Address PO BOX 2369 HAVANA, FL 32333
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05312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1576957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEAVY, M D III 39 SCHWALL RD. HAVANA, FL 32333	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEAVY, MAGNUS D III 8906 FL-GA HWY. HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEAVY, MAGNUS D JR. RT 4 BOX 2160 HAVANA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PEAVY, MAGNUS IV 45 MONOCOUCPE CIRCLE PANACEA, FL 32346
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MASON, WAYNE R 1647 EAGLES LANDING BLVD #2 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UOM000358817
06/02/05-80001-001 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne R. Mason 6-1-05 (850) 539-5019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #