


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 461946**  
1. Entity Name  
**H. LAYTON MAINGUY GENERAL CONTRACTORS, INC.**



Principal Place of Business      Mailing Address  
**3294 NE 11TH AVE.**      **3292 NE 11TH AVE**  
**OAKLAND PARK, FL 33334 US**      **OAKLAND PARK, FL 33334 US**

**DO NOT WRITE IN THIS SPACE**



03102006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1555120**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MAINGUY, HERBERT W.**  
**3292 NE 11TH AVENUE**  
**OAKLAND PARK, FL 33334**

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IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**100000472133**  
**03/29/06-80024-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAINGUY, H. W
STREET ADDRESS	10770 156TH ST NORTH
CITY - ST - ZIP	JUPITER, FL
TITLE	ST
NAME	MAINGUY, ALICE
STREET ADDRESS	745 NW 35 ST
CITY - ST - ZIP	OAKLAND PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Herbert W. Mainguy      **3-15-06** (S) 747-2643  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #