


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 644515**  
 1. Entity Name  
**FEARON CONSTRUCTION COMPANY**



Principal Place of Business  
**2203 ROCKLEDGE DR  
 ROCKLEDGE, FL 32955**

Mailing Address  
**2203 ROCKLEDGE DR  
 ROCKLEDGE, FL 32955**

**DO NOT WRITE IN THIS SPACE**



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1950833** Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent  
**FEARON, SHAWN O  
 2203 ROCKLEDGE DR  
 ROCKLEDGE, FL 32955**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re/instating)

**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

400000526367  
 05/04/06-80071-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	ST
NAME	FEARON, KAREN
STREET ADDRESS	2203 ROCKLEDGE DR
CITY-ST-ZIP	ROCKLEDGE, FL
TITLE	PD
NAME	FEARON, SHAWN C
STREET ADDRESS	2203 ROCKLEDGE DR
CITY-ST-ZIP	ROCKLEDGE, FL
TITLE	VP
NAME	FEARON, BRIAN C
STREET ADDRESS	416 STONEHENGE CIRCLE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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: Shawn C Fearon **SHAWN C FEARON** 4/20/06 321 6322744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone