

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646080

FILED
Apr 14, 2006
Secretary of State

Entity Name: CANTONMENT CONSTRUCTION COMPANY

Current Principal Place of Business:

4866 HICKORY SHORES BLVD
GULF BREEZE, FL 32561 US

New Principal Place of Business:

4866 HICKORY SHORES BLVD
GULF BREEZE, FL 32563 US

Current Mailing Address:

4866 HICKORY SHORES BLVD
GULF BREEZE, FL 32561 US

New Mailing Address:

4866 HICKORY SHORES BLVD
GULF BREEZE, FL 32563 US

FEI Number: 59-2497049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTRIP, STEVE W.
4866 HICKORY SHORES BLVD
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

WALTRIP, STEVE W P
4866 HICKORY SHORES BLVD
GULF BREEZE, FL 32563 US

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.

SIGNATURE: STEVE W. WALTRIP

04/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALTRIP, ANITA L.,
Address: 4866 HICKORY SHORES BLVD
City-St-Zip: GULF BREEZE, FL

Title: SV () Delete
Name: WALTRIP, STEVE W.,
Address: 4866 HICKORY SHORES BLVD
City-St-Zip: GULF BREEZE, FL

Title: VP () Delete
Name: WALTRIP, JASON S
Address: 8 E STRONG ST
City-St-Zip: PENSACOLA, FL 32501

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALTRIP, STEVE W
Address: 4866 HICKORY SHORES BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: SV (X) Change () Addition
Name: ANITA, WALTRIP L
Address: 4866 HICKORY SHORES BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: WALTRIP, STEVEN A
Address: 14300 EITZEN RD
City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE W. WALTRIP

P

04/14/2006

Electronic Signature of Signing Officer or Director

Date