


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 836446 1. Entity Name WITHERINGTON CONSTRUCTION CORPORATION	
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Principal Place of Business 6159 OMNI PARK DRIVE MOBILE, AL 36609 US	Mailing Address 6159 OMNI PARK DRIVE MOBILE, AL 36609 US
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0703912	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

JENKINS, TIM M.
18 PONTE VEDRA CIRCLE
PONTE VEDRA BEACH, FL 32082

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITHERINGTON, J. EDWARD 3447 STEIN AVE. MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP WITHERINGTON, BURKE B 3447 STEIN AVE. MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WITHERINGTON, BURKE B 3447 STEIN AVE. MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALVATORE, JOHN T. 17720 DRY BRANCH RD. SUMMERDALE, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WITHERINGTON, JOHN E. JR. 4511 KINGSWOOD DR MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/13/06-80006-020 150.00

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 information empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/9/06 Date	251-633-8570 Daytime Phone #
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