## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 837351** 

Entity Name: C.P. BUCKNER STEEL ERECTION, INC.

FILED Feb 20, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4732 NC 54TH ST E GRAHAM, NC 272537598 US			4732 HWY 54 EAST GRAHAM, NC 27253	4732 HWY 54 EAST GRAHAM, NC 272537598 US	
Current Mailing Address:			New Mailing Address:		
4732 NC 54TH ST E GRAHAM, NC 272537598 US			PO BO X 598 GRAHAM, NC 272537598 US		
FEI Number	: 56-0961255	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1200 SOU PLANTATI	PORATION SYS TH PINE ISLAN ION, FL 33324	ND ROAD US	ournose of changing its registere	ed office or registered agent, or both,	
	e of Florida.	domino uno statement for the p	ourpose or changing its registere	a office of registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () WILLIAMS, EDI 4732 NC 54 EA GRAHAM, NC		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DVP () WILLIAMS, DOI 4732 NC 54 EA GRAHAM, NC		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS () PATRICIA B. W 4732 NC 54 EA GRAHAM, NC	•	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DD () PATRICIA B. W 4732 NC 54 EA GRAHAM, NC		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	AS ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL TORSIELLO AS 02/20/2006

TORSIELLO, MICHAEL

4732 NC 54 EAST

GRAHAM, NC 27253

Name:

Address:

City-St-Zip: