2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # 852859

1. Entity Name

W.W. DYAR & SONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 429, HIGHWAY 17 SOUTH HAMILTON AL 35570	P.O. BOX 429, HIGHWAY 17 SOUTH HAMILTON AL 35570

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 63-0747114 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HENRY, CECILE
105 PEARL AVENUE
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name NO CHANGE

Street Address (P.O Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DYAR, JOSEPH E. 1624 GRANDVIEW DR. HAMILTON AL 35570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DYAR, JERRY W. 13016 COUNTY RD 25 LYNN AL 35575	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000530972 ☐ Change ☐ Addition 05/06/06-80019-009 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PEMBERTON, DONNA 1509 STATE HWY 187 HAMILTON AL 35570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000530972 ☐ Change ☐ Addition 05/06/06-80019-009 8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donna Pemberton 4-20-06 (205)921-3565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #