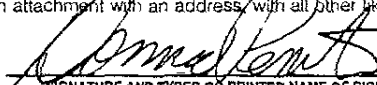


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 852859 1. Entity Name W.W. DYAR & SONS, INC.					
Principal Place of Business P.O. BOX 429, HIGHWAY 17 SOUTH HAMILTON AL 35570			Mailing Address P.O. BOX 429, HIGHWAY 17 SOUTH HAMILTON AL 35570		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 63-0747114	
Zip		Country		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 reconstituting) 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 \$5.00 May Be Added to Fees Trust Fund Contribution. ☐		
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	VD DYAR, JERRY W. 13016 COUNTY RD 25 LYNN AL 35575	☐ Delete			
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	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-20-06 Daytime Phone # (205)921-3565		



1st MOORE CR2E034 (10/05)

Applied For
Not Applied

Additional Fee Required

NO CHANGE
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

U00000530972 ☐ Change ☐ Addition
05/06/06-80019-008 150.00

U00000530972 ☐ Change ☐ Addition
05/06/06-80019-009 8.75

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition