2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F06067

1. Entity Name
FAULKNER & SONS, INC.

Principal Place of Business	Mailing Address
12570 ROSELAND RD. P.O.BOX 781437 SEBASTIAN, FL 32978	12570 ROSELAND RD. P.O.BOX 781437 SEBASTIAN, FL 32978

01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2059528
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FAULKNER, GARY A
12570 ROSELAND RD.
SEBASTIAN, FL 32958

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000527881
05/05/06-80014-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FAULKNER, GARY A
STREET ADDRESS	12570 ROSELAND RD.
CITY-ST-ZIP	SEBASTIAN, FL
TITLE	S
NAME	FAULKNER, TRACY L.
STREET ADDRESS	12570 ROSELAND RD.
CITY-ST-ZIP	SEBASTIAN, FL
TITLE	V
NAME	FAULKNER, ALLEN H
STREET ADDRESS	333 SW ORANGE AVE
CITY-ST-ZIP	SEBASTIAN, FL
TITLE	M
NAME	FAULKNER, BRANDON A.
STREET ADDRESS	12570 ROSELAND RD.
CITY-ST-ZIP	SEBASTIAN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: Tracy Faulkner TRACY FAULKNER 4/19/06 (772)388-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #