


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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| DOCUMENT # F28981 | |  |
| 1. Entity Name LOYD & LOYD CONSTRUCTION COMPANY, INC. | | |

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| Principal Place of Business 817 PALM FOREST LN MINNEOLA, FL 34715 US | Mailing Address 817 PALM FOREST LN MINNEOLA, FL 34715 US |
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2090483 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent LOYD, AMBER L VP/S 817 PALM FOREST LN MINNEOLA, FL 34715 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS AMBER, LOYD L VS 817 PALM FOREST LN MINNEOLA, FL 34715 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS LOYD, EVELYN JO 817 PALM FOREST LN MINNEOLA, FL 34715 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LOYD, SAMMY A., II 817 PALM FOREST LN. MINNEOLA, FL 34715 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>000000383467 01/13/06-80002-012 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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: Amber Loyd **01-09-06 (352) 243-8712**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #