

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90037 007 ***150.00

DOCUMENT # F61093

1. Entity Name
BOB LIDDELL CONSTRUCTION CO., INC.



Principal Place of Business Mailing Address

~~1563 PALM AVE.~~ **9501 NORMANDY BLVD** ~~1563 PALM AVE.~~
P.O. BOX 5604 P.O. BOX 5604
JACKSONVILLE, FL 32207 32221 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2166795

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LIDDELL, ROBERT A
~~1563 PALM AVE.~~ **2426 GREEN SPRINGS DRIVE**
JACKSONVILLE, FL 32207 32244

DO NOT WRITE IN THIS SPACE

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 _____

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**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | DST |
| NAME | LIDDELL, ROBERT DELETE |
| STREET ADDRESS | 1563 PALM AVE. DECEASED 10-4-05 |
| CITY-ST-ZIP | JACKSONVILLE, FL |
| TITLE | D |
| NAME | LIDDELL, ROBERT ALLEN |
| STREET ADDRESS | 2420 GREEN SPRINGS DR |
| CITY-ST-ZIP | JACKSONVILLE, FL 32244 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: *Robert A. Liddell* 28 FEB 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #