

**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

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

Mailing Address

~~1563 PALM AVE.~~
P.O. BOX 5604
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 32246

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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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	LIDDELL, ROBERT DELETED
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 32246
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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #