


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90025 048 \*\*\*150.00

DOCUMENT # F93000000472					
1. Entity Name C. E. THURSTON AND SONS, INCORPORATED					
Principal Place of Business 3335 CROFT STREET NORFOLK, VA 23513 US		Mailing Address 3335 CROFT STREET NORFOLK, VA 23513 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>54-0468926</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIVETT, H. VAUGHAN		NAME		
STREET ADDRESS	1 MILES END		STREET ADDRESS		
CITY-ST-ZIP	NORFOLK, VA 23509		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILTSHIRE, HOWARD F		NAME		
STREET ADDRESS	2909 COUPLES COURT		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH, VA 23456		CITY-ST-ZIP		
TITLE	CS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHLEY, LINDA R		NAME		
STREET ADDRESS	929 RICHLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH, VA 23464		CITY-ST-ZIP		
TITLE	CT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, ANITA J		NAME		
STREET ADDRESS	2444 BRASILENO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Howard F. Wiltshire</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>1/5/06</i> Daytime Phone #: <i>757-855-7700</i>	