


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

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| DOCUMENT # F94000002739 1. Entity Name HAVANA BOILER COMPANY | |  |
| Principal Place of Business HWY 27 NORTH HAVANA, FL 32333 | Mailing Address P.O. BOX 1128 HAVANA, FL 32333 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent ROCKWOOD, THOMSON W PO BOX 1128, HIGHWAY 27 NORTH 1-1/2 MILES NORTH OF HAVANA ON LEFT HAVANA, FL 32333 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| 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 | 000000519758 05/02/06-60068-011 150.00 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROCKWOOD, THOMSON W 4018 KILMARTIN DRIVE TALLAHASSEE, FL 32308 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C BARRINGER, PAUL B II COUNTRY CLUB ROAD WELDON, NC 27890 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE | |
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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: <u><i>Thomson W Rockwood</i></u> TW ROCKWOOD <u>4/3/06</u> 850-539-6432 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |