## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 23, 2006 08:00 AN DOCUMENT # G64253 Secretary of State 1. Entity Name J. DANIEL HOWARD CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 965 VESTAVIA WAY 965 VESTAVIA WAY **GULF BREEZE FL 32563 GULF BREEZE FL 32563** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2350924 Not Applicat! Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, ROLLIN D. JR. Street Address (P.O. Box Number is Not Acceptable) 226 S PALAFOX ST. PENSACOLA FL 32501 City 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, typed or printed name of registered agent and title if applicable (NOTE: Regislated Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May E 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Adisan NAME HOWARD, J. DANIEL NAME 000000395239 01/26/06-80041-019 150.00 STREET ADDRESS 965 VESTAVIA STREET ADDRESS CITY-ST-ZIP **GULF BREEZE FL 32563** CITY-ST-ZIP ST TITLE ☐ Delete TITLE Addin ☐ Change NAME HOWARD, J. DANIEL NAME STREET ADDRESS 965 VESTAVIA STREET ADDRESS GULF BREEZE FL 32563 CITY - ST - ZIP CITY-ST-ZIP THEF etalog 🔲 . TITLE ☐ Change Add... NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addis-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Adgai NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY+ST-ZIP Defete TILLE ☐ Change ☐ Add™ NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7JP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

J. DANIEL HOWARD

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

(850) 932–6023

Daytime Phone #

JANUARY 18, 2006

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