

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90157 028 \*\*\*150.00

**DOCUMENT # H15780**

1. Entity Name  
**FERGUSON & FERGUSON, INC.**



Principal Place of Business  
**1900 N KROME AVE  
STE G  
HOMESTEAD, FL 33030 US**

Mailing Address  
**1900 N KROME AVE  
STE G  
HOMESTEAD, FL 33030 US**

**40027347**



2. Principal Place of Business

**5458 N. UNIVERSITY DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address

**5458 N. UNIVERSITY DRIVE**  
Suite, Apt. #, etc.

01112006 Chg-P CR2E034 (11/05)

City & State

**LAUDERHILL FL**

City & State

**LAUDERHILL FL**

4. FEI Number

**59-2420280**

Applied For  
Not Applicable

Zip  
**33351**

Country  
**BROWARD**

Zip  
**33351**

Country  
**BROWARD**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FERGUSON, G. A  
7120 SW 5TH ST  
PLANTATION, FL 33317**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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 PD ☐ Delete  
NAME FERGUSON, MAMIE  
STREET ADDRESS 7120 SW 5TH ST  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE VPD ☐ Delete  
NAME FERGUSON, G. ARNOTT  
STREET ADDRESS 7120 SW 5TH ST  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE TD ☐ Delete  
NAME MATHIESON, JUNE C  
STREET ADDRESS 7120 S.W. 5TH STREET  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**G. ARNOTT FERGUSON**

**3/6/08**

**954-792-5035**