

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # H42885

1. Entity Name
MCINTOSH-MYERS CONSTRUCTION, INC.



Principal Place of Business

**C/O CLIFFORD C. MYERS
111 WEST BEACH DRIVE
PANAMA CITY, FL 32401**

Mailing Address

**C/O CLIFFORD C. MYERS
111 WEST BEACH DRIVE
PANAMA CITY, FL 32401**

DO NOT WRITE IN THIS SPACE



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2503888

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MYERS, CLIFFORD C.
111 W BEACH DRIVE
PANAMA CITY, FL 32401**

**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 _____

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
NAME MYERS, CLIFFORD C.
STREET ADDRESS 111 W BEACH DRIVE
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE STD
NAME BLUE, KAYE L
STREET ADDRESS 1102 E THIRD CT
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE VPD
NAME MYERS, MYRA
STREET ADDRESS 1111 W BEACH DRIVE
CITY-ST-ZIP PANAMA CITY, FL 32401

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100000454200
03/14/06-80052-012 150.00

**DO NOT WRITE
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 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 officers or directors.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/06 (850) 769-8980