2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J25074

1. Entity Name
AULD & WHITE CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
4168 SOUTHPOINT PARKWAY SUITE 101 JACKSONVILLE, FL 32216	4168 SOUTHPOINT PARKWAY SUITE 101 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

03142006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2723325
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

F & L CORP.
200 LAURA ST.
JACKSONVILLE, FL 32202

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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	P
NAME	WHITE, EDWARD W JR.
STREET ADDRESS	13851 LONGS LANDING RD E.
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	VP
NAME	STEVEN, AULD W
STREET ADDRESS	14415 BUCCANEER CIRCLE N.
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	ST
NAME	MIDDLETON, TONY
STREET ADDRESS	4168 SOUTHPOINT PKWY STE 101
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/06-80012-021 158.75

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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: Tony Middleton Controller 3/14/06 904-296-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #