


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # J34645	
1. Entity Name LEROY WHITE CONSTRUCTION, INC.	

Principal Place of Business 2515 DOUGLAS AVENUE PO BOX 30188 PENSACOLA, FL 32503 US	Mailing Address 2515 DOUGLAS AVE PO BOX 30188 PENSACOLA, FL 32503 US
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03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2717066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITE, ALBERT LEROY
1027 E BLOUNT
PENSACOLA, FL 32503**

**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**

U000000519978
05/02/06-80075-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITE, ALBERT LEROY 1027 E BOUNT ST. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROVER, RICHARD W. 3360 INDIAN HILLS DR PACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, SUE H 1027 E BLOUNT ST. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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 # _____