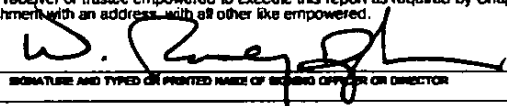


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-05-2006 90165 050 ***150.00

DOCUMENT # P00000114963 1. Entity Name RODNEY DYKES CONSTRUCTION, INC.		
Principal Place of Business 8707 DYKES DR SOUTHPORT, FL 32409	Mailing Address P O BOX 64 LYNN HAVEN, FL 32444	
DO NOT WRITE IN THIS SPACE		
B. Name and Address of Current Registered Agent DYKES, W RODNEY 8707 DYKES DR SOUTHPORT, FL 32409		DO NOT WRITE IN THIS SPACE
B. 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 _____ Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		C. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES DYKES, W RODNEY P. O. BOX 64 LYNN HAVEN, FL 32444	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 BOARD OFFICER OR DIRECTOR		

66010400



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3717928	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**