2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042814

Entity Name: HARLAN PARR CONSTRUCTION CO INC

FILED Feb 15, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

2391 URSULA LANE 435 WEEPING WILLOW CT PENSACOLA, FL 32526 MOLINO, FL 32577

Current Mailing Address: New Mailing Address:

2391 URSULA LANE 435 WEEPING WILLOW CT PENSACOLA, FL 32526 MOLINO, FL 32577

FEI Number: 42-6922954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARLAN PARR COAST CO INC 2391 URSULA LANE PENSACOLA, FL 32526 US PARR, HARLAN 435 WEEPING WILLOW CT MOLINO, FL 32577 US

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.

SIGNATURE: HARLAN PARR 02/15/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O () Delete Title: O (X) Change () Addition Name: PARR, HARLAN Name: PARR, HARLAN

Address: 2391 URSULA LANE Address: 435 WEEPING WILLOW CT
City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: MOLINO, FL 32577

Title: () Delete Title: O () Change (X) Addition

 Name:
 Name:
 PERRY, CHARLES W III

 Address:
 Address:
 8925 NORTH DAVIS HWY

 City-St-Zip:
 City-St-Zip:
 PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARLAN PARR O 02/15/2006