
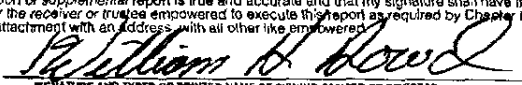


**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000098610</b>		
1. Entity Name G.F. DOWD AND SONS, INC.		
Principal Place of Business 5820 STATE RD 542 W WINTER HAVEN, FL 33880		Mailing Address 5820 STATE RD 542 W WINTER HAVEN, FL 33880
<b>DO NOT WRITE IN THIS SPACE</b>		
02012006 No Chg-F CR2E034 (11/05)		
4. FEI Number 58-1417342		Applied For <input checked="" 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		
DOWD, WILLIAM H 8520 OLD LAKELAND RD WINTER HAVEN, FL 33880		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when actually signed)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	DOWD, WILLIAM H	
STREET ADDRESS	26 OAKWOOD RD	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	D	
NAME	DOWN, BILLY R	
STREET ADDRESS	201 W MAIN ST	
CITY-ST-ZIP	DUNDEE, FL 33838	
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: 		3-23-06 863967-5812
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>

100000480835  
04/11/06-80007-019 150.00

**DO NOT WRITE  
IN THIS SPACE**