## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 01, 2006 8:00 am Secretary of State

DOCUMENT # P02000060655  1. Entity Name GARVIN & SON CONSTRUCTION, INC.					03-01-2006 90032 043 ***150.00				
Principal Plac		Mailing Address							
13220 WHEELER RD DOVER, FL 33527 DOVER, FL 33527					60022132				
DOVER, FE 33327					i A IPSMERI NI BI			tiines ii ckei	
Principal Place of Business     A. Mailing Address				<u> </u>					
418 W Wheeler Rd 418 W. Wheeler Suite, Apt. #, etc.			eler Ro	<u> </u>	1 (82/1881 11/8)	-	i kulla auri kaka uribi eribi si	(1) W   W   W   W   W   W   W   W   W   W	
Suite, Apt.	π, σιο.	Suite, Apr. #, etc.			02152006	Chg-P	CR2E034 (11/05)		
City & Stat	fner XI.	City & State	iva state ceffner Fl		4. FEI Number 02-0610	844	<del> </del>	pplied For ot Applicable	
Zip Country :		Zip	Zip Country			Status Desired	□ \$8.75 Add	ditional	
3355	6. Name and Address of Current F	33584	<u> </u>	A			Fee Require	×d	
102				lame Cau	Gavvin, Royald Jv.				
GARVIN, RONALD JR				Street Address (P.O. Box Number is Not Acceptable)					
DOVER, FL 33527				418	w. wh	eeler Ko	λ		
	<u> </u>		_	'ihr			Zip Coo	in .	
**************************************				Seffner FL 2838844					
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered o	office or register	red agent, or both	, in the State of Flo	orida. I am familiar with,	, and accept	
SIGNATURE frame Stam of 2-15-06									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Age	ent signature required	when reinstating)		DATE		
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FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contri	n Financin		.00 May Be led to Fees	-			
10.	OFFICERS AND	Trust Fund Contri	n Financin bution.		ed to Fees	HANGES TO OFF	ICERS AND DIRECTOR		
		Trust Fund Contri	n Financing		ed to Fees	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
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12. I nereby certify that the information supplied with mis 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 cath; that I am anofficer 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

2-16-06

1813) 927-655

Daytima Phone #