


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-01-2006 90032 043 ***150.00

DOCUMENT # P02000060655	
1. Entity Name GARVIN & SON CONSTRUCTION, INC.	

Principal Place of Business 13220 WHEELER RD DOVER, FL 33527	Mailing Address 13220 WHEELER RD DOVER, FL 33527
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60022132



2. Principal Place of Business 418 W. Wheeler Rd	3. Mailing Address 418 W. Wheeler Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02152006 Chg-P CR2E034 (11/05)

City & State Seffner Fl.	City & State Seffner Fl.
Zip 33584	Zip 33584
Country USA	Country USA

4. FEI Number 02-0610844	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARVIN, RONALD JR 13220 WHEELER RD DOVER, FL 33527	
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7. Name and Address of New Registered Agent	
Name Garvin, Ronald Jr.	
Street Address (P.O. Box Number is Not Acceptable) 418 W. Wheeler Rd	
City Seffner	FL Zip Code 33584

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 	(NOTE: Registered Agent signature required when reinstating)	DATE 2-15-06
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARVIN, RONALD JR 13220 WHEELER RD DOVER, FL 33527 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARVIN, MELETTE 13220 WHEELER ROAD DOVER, FL 33527 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Garvin, Ronald Sr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 418 W. Wheeler Rd Seffner, Fl. 33584 Vice president
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hockman, Raymond 1090 Edgemoor Ave Springhill, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	2-16-06	(813) 927-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #