## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # P03000041034** 02-23-2006 90001 039 \*\*\*150.00 DAWSON CONSTRUCTION & REMODELING, INC. Principal Place of Business Mailing Address 60021236 11 JONQUIL AVE 11 JONQUIL AVE FT WALTON, FL 32548 FT WALTON, FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 56-2347415 Not Applicable Country \$8,75 Additional Country Zip 5. Certificate of Status Desired .Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAWSON, GREG Street Address (P.O. Box Number is Not Acceptable) 11 JONQUIL AVE FT WALTON, FL 32548 Zip Code 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. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Delete TITLE " DAWSON, GREG NAME NAME 11 JONQUIL AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT WALTON, FL 32548 ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

Feb 23, 2006 8:00 am

850-598-9154