

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90148 007 ***150.00

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1. Entity Name
ROONEY & SONS, INC.



Principal Place of Business

**9501 NORMANDY BLVD.
JACKSONVILLE, FL 32226**

Mailing Address

**9501 NORMANDY BLVD.
JACKSONVILLE, FL 32226**

50012070



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0101986

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROONEY, PAUL C SR
9501 NORMANDY BLVD
JACKSONVILLE, FL 32226**

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ROONEY, PAUL C SR.**
STREET ADDRESS **5545 SHANNON AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE **VP**
NAME **ROONEY, JAMES R SR**
STREET ADDRESS **5546 SHANNON AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE **T**
NAME **LOWRY, MARY A**
STREET ADDRESS **340 JONES ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32220**

TITLE **VP**
NAME **DIXON, PAUL D**
STREET ADDRESS **1863 WELLS ROAD**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-06 (904) 695-1010