2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000108323

1. Entity Name
SILER & SONS, INC.

Principal Place of Business	Mailing Address
1028 MCCLELLAND STREET CRESTVIEW, FL 32536	1028 MCCLELLAND STREET CRESTVIEW, FL 32536

DO NOT WRITE IN THIS SPACE

04302006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0080440	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCDUFFIE, MICHAEL S SR
797 NORTH PEARL STREET
CRESTVIEW, FL 32536

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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	PD
NAME	SILER, CALVIN E
STREET ADDRESS	196 RADCLIFFE AVENUE
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	VPD
NAME	SILER, KENNETH J
STREET ADDRESS	497 WILSON STREET
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	STD
NAME	SILER, JERRY D
STREET ADDRESS	1028 MCCLELLAND STREET
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _FOR Calvin E. Siler_____ 4/29/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

by Michael S McDuffie, Agent