2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P03000115392 1. Entity Name 02-27-2006 90090 026 ***150.00 A. GUTHRIE CONSTRUCTION, INC. Principal Place of Business Mailing Address 2531 FRANKFORD AVE 2531 FRANKFORD AVE PANAMA CITY FL 32405 PANAMA CITY FL 32405 3. Mailing Address 2. Principal Place of Business 4401 BAYOU DAKS DR. 4401 BAYOU DAKS DR Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 52-2414379 PANÁMA CITY PANAMA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32404 32404 BAY BAY Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUTHRIE, ALLEN Street Address (P.O. Box Number is Not Acceptable) **GUTHRIE, ALLEN** 129 BAYOU DRIVE PANAMA CITY FL 32401 4401 BAYOU OAKS 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Defete GUTTERE, ALLEN 4401 BAYOU DAKS DR. PANAMA CITY, FL 32404 NAME **GUTHRIE, ALLEN** NAME STREET ADDRESS STREET ADDRESS 129 BAYOU DRIVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 TITLE ST Delete Enance . ☐ Addition GUTHPLE CHEPYL NAME GUTHRIE, CHERYL NAME 4401 BAYOU DAKS DR STREET ADDRESS STREET ADDRESS 129 BAYOU DRIVE PANAMA LITY FL 32404 CITY-ST-7IP PANAMA CITY FL 32401 CITY - ST - ZIP ___Detete JULE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fegal effect as if made under oath; that I am an officer or director of the corporation or the receiver at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

Allen Guthrie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attach

SIGNATURE:

FILED

Feb 27, 2006 8:00 am