


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000116856 Entity Name DAVID M. MOWREY CONSTRUCTION INC.	
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FILED
 06 JUL 14 PM 3: 20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 102 CHIEFLAND, FL 32644 US	Mailing Address P.O. BOX 102 CHIEFLAND, FL 32644 US
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2. Principal Place of Business	3. Mailing Address	07122006	Chg-P	CR2E034 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For	
City & State	City & State	38-3690707	Not Applicable	
Zip	Country	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOWREY, DAVID M 6550 N.W. 170TH STREET TRENTON, FL 32693	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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	P MOWREY, DAVID M <input type="checkbox"/> Delete	TITLE	900077730701 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 102	STREET ADDRESS	07/19/06--01048--014 **70.00
CITY-ST-ZIP	CHIEFLAND, FL 32644	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MOWREY, KAREN S	STREET ADDRESS	
CITY-ST-ZIP	P.O. BOX 102	CITY-ST-ZIP	
TITLE	SEC <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MOVEEY, KAREN S	STREET ADDRESS	SEC
CITY-ST-ZIP	P.O. BOX 102	CITY-ST-ZIP	Jody A. Bailey
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	9290 NW 135th LANE
STREET ADDRESS	[Signature]	CITY-ST-ZIP	Chiefland, FL 32626
CITY-ST-ZIP	[Signature]	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	
STREET ADDRESS	[Signature]	CITY-ST-ZIP	
CITY-ST-ZIP	[Signature]	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	
STREET ADDRESS	[Signature]	CITY-ST-ZIP	
CITY-ST-ZIP	[Signature]	TITLE	<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: [Signature] 7-13-06 352-463-6519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #