

***2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P03000133366

1. Entity Name
DAVE CONKLIN CONSTRUCTION, INC.



Principal Place of Business
**1125 GREENWOOD GLEN RD.
DELAND, FL 32724**

Mailing Address
**1125 GREENWOOD GLEN RD.
DELAND, FL 32724**

DO NOT WRITE IN THIS SPACE



01302006 No Chg-F CR2E034 (11/05)

4. FEI Number
20-0303208

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CONKLIN, DAVID
1125 GREENWOOD GLEN RD.
DELAND, FL 32724**

**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**

**1800000412542
02/14/06-80018-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CONKLIN, DAVID
STREET ADDRESS	1125 GREENWOOD GLEN RD.
CITY- ST- ZIP	DELAND, FL 32724
TITLE	VP
NAME	CONKLIN, DANIEL
STREET ADDRESS	1125 GREENWOOD GLEN RD.
CITY- ST- ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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:

David Conklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID CONKLIN, PRES.

01/30/06

(386) 747-0605

Date

Daytime Phone #