

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90190 002 ***150.00

DOCUMENT # P03000134025

1. Entity Name
SAWYER CONSTRUCTION SERVICES INC



Principal Place of Business
**1071 HIGHWAY 123 / 73
GRACEVILLE, FL 32440**

Mailing Address
**1071 HIGHWAY 123 / 73
GRACEVILLE, FL 32440**

50001549



02182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0403085

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

**ELLENBURG, LISA N
1136 ENGLISH LN
WESTVILLE, FL 32464**

**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:

SIGNATURE _____

Signature, type of _____

Registered agent (or) use if applicable

(NOTE: Registered Agent signature required when restate)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SAWYER, JOHNNY
1071 HIWAY 123 / 73
GRACEVILLE, FL 32440**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SAWYER, SCOT
1156 SELMA CHURCH RD
GRACEVILLE, FL 32440**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Johnny Sawyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-06
Date

850-263-4154
Daytime Phone #