




2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000138170 1. Entity Name VINSON CONSTRUCTION COMPANY INC.						<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px; font-weight: bold;">06 APR 11 PM 3:51</div> <div style="font-size: 14px; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 1949 LIGHTHOUSE RD CARRABELLA BEACH, FL 32322				Mailing Address 1949 LIGHTHOUSE RD CARRABELLA BEACH, FL 32322			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VINSON, BYRTON W JR 1949 LIGHTHOUSE RD CARRABELLE BEACH, FL 32322				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> <div style="float: right;">Zip Code</div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
				700072704767 04/28/06--01027--019 **150.00			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VINSON, BYRTON W JR			NAME			
STREET ADDRESS	1949 LIGHTHOUSE RD			STREET ADDRESS			
CITY-ST-ZIP	CARRABELLE BEACH, FL 32322			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	