## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 13, 2005 8:00 am Secretary of State

DOCUMENT # P03000138720  1. Entity Name DON LIVELY, GENERAL CONTRACTOR, INC.						01-13-2005 90003 022 ***150.00				
Principal Place of Business Mailing Address				<del></del>	-	<u> </u>	<del></del>		an a a si A	14 .
134 MILLER AVE LANARK VILLAGE, FL 32323		PO BOX 439 CARRABELLE, FL 32323								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01112005	Chg-P	CR2E	034 (10/03)	
City & State		· City & State				4. FEI Number Applied For 20-0536630 Not Applicable				
Zip	Country	Zip	Count	ry	S. Certificate of Status Desired					ditional
Name and Address of Current Registered Ageπt						7. Name and	Address of Ne	w Registered	i Agent	
LIVELY, DON				Name						
134 MILLER AVE			[	Street Address (P.O. Box Number is Not Acceptable)						
LANARK VILLAGE, FL 32323			İ							
			ŀ	City				F	Zip Cod	e
The above named entity submits this statement for the purpose of changing its registered office or register						ed agent, or bo	oth, in the State of	-	_ ,	and accept
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and bife if applicable. (NDTE: Registered Agent signature required when rein							•	0455	~	<del>-</del> ·
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.					<b>\$5.</b> Adde	00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	I /CHANGES TO C	OFFICERS AN	ID DIRECTOR	S IN 11
TITLE	P LIVELY, DONALD W	☐ Delete	TITLE						Change	☐ Addition
STREET ADDRESS	PO BOX 439	•	NAME STREE	T ADDRESS						
CITY-ST-ZIP	CARRABELLE, FL 32322		CITY-	ST-ZIP	· ·					
TITLE NAME	ST DINGLER LIVELY, PATRICIA	☐ Delete	TITLE	I .					☐ Change	Addition
STREET ADDRESS	PO BOX 439	_		T ADORESS						
CITY-ST-ZIP	CARRABELLE, FL 32322	<u> </u>		ST-ZIP						
TITLE NAME	FAVP EARL, TRAVIS LEE	☐ Delele	TITLE NAME	,					☐ Change	Addition
STREET ADDRESS	151 ARIZONA ST	•	STREE	T ADDRESS						
CITY-ST-ZIP	CARRABELLE, FL 32322		-	ST-ZIP			· · · · · · · · · · · ·	1		
TITLE NAME	SAVP CRAUSWELL, DARYL A	Delete	TITLE NAME		U	WIG A	ee Mo, lahassec Iz, 71.	VK SK	✓ Change	☐ Addilion
STREET ADDRESS	1958 JONNA DRIVE	عموموا لمعاريقات		T ADDRESS	12	10la/l	lahassec	: Stroc.	<del>/-</del>	
CITY-ST-ZIP	CARRABELLE, FL 32322		-	ST-ZIP	La	rrabel	12,71.	3132	2	
TITLE NAME		☐ Delete	TITLE NAME						Change	☐ Addition
STREET ADDRESS			STREE	T ADDRESS						
CITY-ST-ZIP			-	ST-ZIP						
TITLE NAME		☐ Delete	NAME						☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/12/05

Daytme Phone ≢