## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 14, 2006 8:00 am **Secretary of State** DOCUMENT # P03000144277 1. Entity Name 03-14-2006 90012 013 \*\*\*150.00 FARRER CONSTRUCTION, INC. Principal Place of Business Mailing Address 2718 AVENUE U NW 2718 AVENUE U NW WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address 1311 Gillian 1311 Gilliam Suite. Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) Aubuen City & State City & State 4. FEI Number Applied For 38-3692481 Not Applicable Aubur Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 6° IK 33823 Fee Required 33823 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARRER, KENNETH Street Address (P.O. Box Number is Not Acceptable) 2718 AVENUE U NW WINTER HAVEN FL 33881 Zip Code City 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, typed or printed name of registered agent and tide it applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00-9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State : OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition Farrer, Kenneth FARRER, KENNETH NAME NAME. 1311 Gilliam Dr. STREET ADDRESS STREET ADDRESS 2718 AVENUE U NW Auburndale F1 33823 CITY-ST-ZIP C/IY-SI-7/P WINTER HAVEN FL 33881 Change ☐ Addition □ Delete TITLE TITLE Farrer, Diane FARRER, DIANE NAME NAME 1311 Gilliam De STREET ADDRESS 2718 AVE U NW STREET ADDRESS Auburneale F1 33823 CHY-ST-ZIP CITY-ST-7IP WINTER HAVEN FL 33881 -Delcle ---HILE. Rice MARK Estates Dr 228 Alexander Estates Dr NAME RICE, MARK NAME STREET ADDRESS STREET ADDRESS 700 S LAKESIDE TERRACE Auburndale Fl 33823 CITY-ST-ZIP CITY-ST-ZIP EAGLE LAKE FL 33839 ☐ Change ☐ Addition □ Defete TITLE TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition ☐ Delete THLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ 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 Section 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: ME OF SIGNING OFFICER OR DIRECTOR

FILED