

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90013 009 \*\*\*150.00

**60009368**



01262006 No Chg-P CR2E034 (11/05)

**DOCUMENT # P03000149065**  
1. Entity Name  
R-D&B CONSTRUCTION, INC.



Principal Place of Business: 838 NW BANTA ACRES RD, MAYO, FL 32066  
Mailing Address: 838 NW BANTA ACRES RD, MAYO, FL 32066

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 20-0483382 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
COULTHURST, BARBARA  
172 W MAIN ST  
MAYO, FL 32066

**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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAWSON, RICHARD
STREET ADDRESS	838 NW BANTA ACRES RD
CITY-ST-ZIP	MAYO, FL 32066
TITLE	VPD
NAME	LAWSON, PAUL DWAYNE
STREET ADDRESS	2100 SW CR 534
CITY-ST-ZIP	MAYO, FL 32066
TITLE	STD
NAME	GUYTON, BLAKE T
STREET ADDRESS	15840 141ST ROAD
CITY-ST-ZIP	MC ALPIN, FL 32062
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: Richard Lawson RICHARD LAWSON 1/23/06 386-294-2526  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #