

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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



01222007 No Chg-P CR2E034 (11/05)

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

UN00000609529
02/01/07-80053-019 150.00

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/07

386-294-2526