2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000003914

1. Entity Name



FILED Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90096 039 ***150.00

R.W. WESTERLY CONSTRUCTION, INC.				
5238 JULIE DR		Malling Address 5238 JULIE DR PANAMA CITY, FL 3240	4	1 1871/880 NJ COM BUYIN BUYIN BUYIN BUYIN BUYIN BURIN BU
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112006 Chg-P CR2E034 (11/05)
City & State		City & State		4. FEI Number Applied For 51-0495005 Not Applicable
Zip 	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
THOMPSON, R WAYLON 314 MAGNOLIA AVENUE PANAMA CITY, FL 32401				ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
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				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESTERKT, R W 5238 JULIE DR PANAMA CITY, FL 32404	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fresident Drive Addition Westering, RW Drive Panama City, Ft 3244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WESTERLY, DEBRA F 5238 JULIE DR PANAMA CITY, FL 32404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	【 ☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	WESTERLY, RW JR 5238 JULIE DR PANAMA CITY, FL 32404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	and the information and the information	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

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:

We Wall And Typed or Printed Name (F Signing Officer or Director

850-763-3884

Daytime Phone #