

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000005792

1. Entity Name  
CULVEY CONSTRUCTION, INC.



Principal Place of Business  
1276 NASH RD.  
MONTICELLO, FL 32344

Mailing Address  
1276 NASH RD.  
MONTICELLO, FL 32344

2. Principal Place of Business  
140 Ann Circle  
Suite, Apt. #, etc.

3. Mailing Address  
140 Ann Circle  
Suite, Apt. #, etc.

City & State  
Crawfordville FL.  
Zip  
32327  
Country

City & State  
Crawfordville, FL.  
Zip  
32327  
Country

01032006 Chg-P CR2E034 (11/05)

4. FEI Number  
47-0887887  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CULVEY, MICHAEL R  
1276 NASH RD.  
MONTICELLO, FL 32344

## 7. Name and Address of New Registered Agent

Name Culvey Michael R  
Street Address (P.O. Box Number is Not Acceptable)  
140 Ann Circle  
City Crawfordville FL Zip Code 32327

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 Michael R. Culvey 4-12-06  
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 VD ☐ Delete  
NAME CULVEY, MICHAEL R  
STREET ADDRESS 1276 NASH RD.  
CITY - ST - ZIP MONTICELLO, FL 32344

TITLE P ☐ Delete  
NAME CULVEY, SABRINA  
STREET ADDRESS 1276 NASH RD.  
CITY - ST - ZIP MONTICELLO, FL 32344

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☒ Change ☐ Addition  
NAME Culvey Michael R.  
STREET ADDRESS 140 Ann Circle  
CITY - ST - ZIP Crawfordville, FL 32327

TITLE P ☒ Change ☐ Addition  
NAME Culvey, Sabrina  
STREET ADDRESS 140 Ann Circle  
CITY - ST - ZIP Crawfordville, FL 32327

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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: Michael R. Culvey 4-12-06 850 519 0507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

06 APR 13 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

