2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000029529

1. Entity Name
W & D SHIPS DECK WORKS INC.

Principal Place of Business	Mailing Address
151 LEVY RD ATLANTIC BEACH, FL 32233-2641	151 LEVY RD ATLANTIC BEACH, FL 32233-2641

DO NOT WRITE IN THIS SPACE

03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0734350

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITAKER, ISRAEL B
151 LEVY RD
ATLANTIC BEACH, FL 32233-2641

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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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

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	D
NAME	WHITAKER, ISRAEL B
STREET ADDRESS	151 LEVY RD
CITY-ST-ZIP	ATLANTIC BEACH, FL 322332641
TITLE	D
NAME	WHITAKER, REBECCA B
STREET ADDRESS	151 LEVY RD
CITY-ST-ZIP	ATLANTIC BEACH, FL 322332641
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: I B. Whitaker ISRAEL B. WHITAKER (904) 246-37
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #