2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 16, 2006 8:00 am DOCUMENT # P04000035216 Secretary of State 1. Entity Name 03-16-2006 90241 043 \*\*\*150.00 GARRY WHEATON CONSTRUCTION COMPANY Mailing Address Principal Place of Business 301 MANOR CIRCLE SEBRING FL 33872 301 MANOR CIRCLE SEBRING FL 33872 2. Principal Place of Business 3. Mailing Address 3828 Sunbird C Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 76-0754348 \* bring Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHEATON, GARRY Street Address (P.O. Box Number is Not Acceptable) 301 MANOR CIRCLE SEBRING FL 33872 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. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Twheaton, Garry 3828 Sunbird Circle TITLE ☐ Delete TITLE ☐ Addition NAME WHEATON, GARRY NAME 301 MANOR CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33872 CITY-ST-ZIP ☐ Delete THE TITLE reator, Jacqueline 128 Sunbird Circle ☐ Addition NAME WHEATON, JACQUELINE NAME 301 MANOR CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33872 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED