## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # P04000044420 POPE BROTHER'S CONSTRUCTION INC Principal Place of Business Mailing Address 2344 POPE LANE P.O. BOX 760 GENEVA, AL 36340 BONIFAY, FL 32425 No Chg-P CR2E034 (11/05) 01052006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0838010 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELLENBURG, LISA DO NOT WRITE 1136 ENGLISH LANE WESTVILLE, FL 32464 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. S/GNATURE Sonature, typed or orinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling? HD0000419113 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 102/14/06-80033-013 158.75 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RODNEY, POPE NAME STREET ADDRESS 2344 POPE LANE BONIFAY, FL 32425 DITY-ST-70 TETEF NAME STREET ADDRESS C17Y - S7 - Z1E TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-2)P TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 popplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer or director of the corporation or the receiper 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 attacking of with an address, with all other like empowered.

**SIGNATURE:** 

NAME STREET ADDRESS

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.02.06

Oayome Phone #

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