

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90238 011 \*\*\*150.00

**DOCUMENT # P04000108287**

1. Entity Name  
**E&C CONSTRUCTION OF ST. AUGUSTINE, INC.**



Principal Place of Business  
**255 N. WASHINGTON STREET  
ST. AUGUSTINE, FL 32084 US**

Mailing Address  
**255 N. WASHINGTON STREET  
ST. AUGUSTINE, FL 32084 US**

**20043890**



2. Principal Place of Business  
**3989 OAK TERRACE RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**3989 OAK TERRACE RD**  
Suite, Apt. #, etc.

04262006 Chg-P CR2E034 (11/05)

City & State  
**ST AUGUSTINE, FL**  
Zip **32086** Country **USA**

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**ST AUGUSTINE, FL**  
Zip **32086** Country **USA**

4. FEI Number  
**20-1396791**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CUNARD, SAMUEL H  
255 N. WASHINGTON STREET  
ST. AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3989 OAK TERRACE ROAD**  
City **ST AUGUSTINE** **FL** Zip Code **32086**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/06**

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>CUNARD, SAMUEL H<br>255 N. WASHINGTON STREET<br>ST. AUGUSTINE, FL 32084   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>TRICK, CARL W<br>255 N. WASHINGTON ST.<br>ST. AUGUSTINE, FL 32084        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEC<br>DUCY, PATRICIA C<br>255 N. WASHINGTON STREET<br>ST. AUGUSTINE, FL 32084 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3989 OAK TERRACE RD<br/>ST AUGUSTINE, FL 32086</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3989 OAK TERRACE RD<br/>ST AUGUSTINE, FL 32086</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3989 OAK TERRACE RD<br/>ST AUGUSTINE, FL 32086</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:

**PATRICIA C. DUCY** PATRICIA C. DUCY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/06 (904) 777-7809**