# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 09, 2006**
**Secretary of State**

DOCUMENT# P04000147462

**Entity Name:** MEYERING CONSTRUCTION INC.

**Current Principal Place of Business:**

1820 ST. MARY'S DR.
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

1820 ST. MARY'S DR.
GULF BREEZE, FL 32563 US

**New Mailing Address:**

**FEI Number: 27-0108075** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEYERING, MICHAEL D
1820 ST. MARY'S DR.
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MEYERING, MICHAEL D
Address: 1820 ST. MARY'S DR.
City-St-Zip: GULF BREEZE, FL 32563 US

Title: VP ( ) Delete
Name: MEYERING, MICHELLE H
Address: 1820 ST. MARY'S DR.
City-St-Zip: GULF BREEZE, FL 32563 US

Title: VP ( ) Delete
Name: PARKER, TOMMY C
Address: 7633 FORESTER RD. HOLLEY
City-St-Zip: HOLLEY, FL 32566

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: CONNOLLY, JEFFERY T
Address: 2515 OAK RIDGE DR.
City-St-Zip: GULF BREEZE, FL 32563 US

Title: VP ( ) Change (X) Addition
Name: CROSS, DAVID A
Address: 4871 CREIGHTON RD.
City-St-Zip: PENSACOLA, FL 32504

Title: VP ( ) Change (X) Addition
Name: HODGES, GARY R
Address: 128 LORUNA DR.
City-St-Zip: GULF BREEZE, FL 32561 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D MEYERING P 06/09/2006

Electronic Signature of Signing Officer or Director Date