

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

02-09-2006 90034 025 ***150.00

DOCUMENT # P05000057139					
1. Entity Name FAT BOYS CONSTRUCTION, INC.					
Principal Place of Business 8524 BERRY AVE. JACKSONVILLE, FL 32211			Mailing Address 8524 BERRY AVE. JACKSONVILLE, FL 32211		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 113745483	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, TIMOTHY M 8524 BERRY AVE. JACKSONVILLE, FL 32211				7. Name and Address of New Registered Agent	
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.				Name	
SIGNATURE <i>Timothy M Williams</i>				Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Registered Agent signature required when reinstating)				City	
FILE NOW!!! FEB 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. WILLIAMS, TIMOTHY M 8524 BERRY AVE. JACKSONVILLE, FL 32211 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. Williams - Timothy M ☒ Change ☐ Addition 8514 BERRY AVE. JACKSONVILLE, FL 32211	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <i>Timothy M Williams</i>			2/7/06 (904) 334-1998		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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