2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# P05000094942

Entity Name: DON CATES CONSTRUCTION INC

Current Principal Place of Business:

366 PARADISE ISLAND DRIVE
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

5494 COYBURGESS LOOP
DEFUNIAK SPRINGS, FL 32435

Current Mailing Address:

PO BOX 6744
MIRIMAR BEACH, FL 32550

New Mailing Address:

5494 COYBURGESS LOOP
DEFUNIAK SPRINGS, FL 32435

FEI Number: 20-3094888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CATES, DONNIE E
366 PARADISE ISLAND DRIVE
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

CATES, DONNIE E
5494 COYBURGESS LOOP
DEFUNIAK SPRINGS, FL 32435 US

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: 07/03/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: CATES, DONNIE E
Address: 366 PARADISE ISLAND DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: SEC ( ) Delete
Name: WOODS, LINDA H
Address: 366 PARADISE ISLAND DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP ( ) Delete
Name: BASS, TERRY N
Address: 46 BLUE GILL LOOP
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GONZO, DAWN M
Address: 5494 COYBURGESS LOOP
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: SEC (X) Change ( ) Addition
Name: WOODS, LINDA H
Address: PO, BOX 6744
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: VP (X) Change ( ) Addition
Name: CATES, DONNIE E
Address: 5494 COYBURGESS LOOP
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: DONNIE E. CATES VP 07/03/2006
Electronic Signature of Signing Officer or Director — Date