## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 12, 2006 8:00 am Secretary of State **DOCUMENT # P05000132658** 04-12-2006 90091 037 \*\*\*150.00 BILBREY CONSTRUCTION INC. OF POLK COUNTY Principal Place of Business Mailing Address 148 MELISSA TRAIL 148 MELISSA TRAIL 20028538 AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3541224 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BILBREY, RONALD O Street Address (P.O. Box Number is Not Acceptable) 148 MELISSA TRAIL AUBURNDALE, FL 33823 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE Change ☐ Addition NAME BILBREY, RONALD O NAME STREET ADDRESS 148 MELISSA TRAIL STREET ADDRESS CITY-ST-ZIP AUBURNDALE, FL 33823 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BILBREY, JEWELL E NAME NAME STREET ADDRESS 148 MELISSA TRAIL STREET ADDRESS CITY-ST-ZIP AUBURNDALE, FL 33823 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME KIRKLAND, DARRELL B NAME STREET ADDRESS 2206 LAKE LENA BLVD STREET ADDRESS CITY-ST-ZIP AUBURNDALE, FL 33823 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS

**FILED** 

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 of an address, with all effect like impowered.

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CITY-ST-7IP

SIGNATURE: X