


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000040170</b>	
1. Entity Name TRAMMELL CONSTRUCTION CO., INC.	

Principal Place of Business 9425 WANDA DR PENSACOLA, FL 32514 US	Mailing Address 9425 WANDA DRIVE PENSACOLA, FL 32514 US
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01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3184586	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  TRAMMELL, ANDREW E. 1760 KATHLEEN ST CANTONMENT, FL 32533
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	PV TRAMMELL, ANDREW E 1760 KATHLEEN ST CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRAMMELL, TINA C 1760 KATHLEEN STREET CANTONMENT, FL 32533
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01/11/06-80051-009 158.75

**DO NOT WRITE  
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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: Tina C. Trammell Tina C. Trammell 1/5/06 (850) 474-9415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #