


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000032352	
1. Entity Name AWP CONSTRUCTION & DEVELOPMENT, INC.	

Principal Place of Business PO BOX 187 ORMOND BEACH, FL 32175	Mailing Address PO BOX 187 ORMOND BEACH, FL 32175
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01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3516353	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PERRICELLI, ANTHONY
289 N BCH ST
ORMOND BEACH, FL 32174

**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 reinstating) DATE _____

**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

1100000382494
01/12/06-80015-006 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERRICELLI, ANTHONY 289 NORTH BEACH STREET ORMOND BEACH, FL 32175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHOBANY, RODNEY J 289 B BEACH ST ORMOND BEACH, FL 32175
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 Anthony W Perricelli 1/9/06 386-671-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #