2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000005400

1. Entity Name
WILLIAM B. MCELROY CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
7660 COUNTY RD. 208 SAINT AUGUSTINE, FL 32092	7660 COUNTY RD. 208 SAINT AUGUSTINE, FL 32092

DO NOT WRITE IN THIS SPACE

03022006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3554373	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCELROY, WILLIAM B
7660 CR 208
SAINT AUGUSTINE, FL 32092

**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_____
Signature, typed or printed name of registered agent and title if applicable   (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	U0000046331a 03/21/06 -80070 023 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MCELROY, WILLIAM B
STREET ADDRESS	7660 CR 208
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _W. B. McElroy_   3-8-06   829-5496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #