

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000009309

1. Entity Name

BUFORD CONSTRUCTION COMPANY



Principal Place of Business

606 CAMDEN AVE
STUART, FL 34994

Mailing Address

606 CAMDEN AVENUE
STUART, FL 34994



01092006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0893849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUFORD, DENNIS A
5638 SE LAMAY DR.
STUART, FL 34997

**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

10. OFFICERS AND DIRECTORS

TITLE PV
NAME BUFORD, DENNIS A
STREET ADDRESS 5638 SE LAMAY DR.
CITY-ST-ZIP STUART, FL 34997

TITLE TS
NAME BUFORD, JI D
STREET ADDRESS 5638 SE LAMAY DR.
CITY-ST-ZIP STUART, FL 34997

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

U00000441839
03/03/06-80052-017 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ji D. Buford

February 14, 2006

772-283-2050

Date

Daytime Phone #