

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90035 014 \*\*\*150.00

**DOCUMENT # P99000066615**

1. Entity Name  
**W.G. & SONS, INC.**



Principal Place of Business  
**214 S PALAFOX STREET  
PENSACOLA, FL 32501**

Mailing Address  
**921 CRYSTAL CREEK CIRCLE  
PENSACOLA, FL 32514**

**DO NOT WRITE IN THIS SPACE**



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3594099**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DAVIS, GENEVA L  
921 CRYSTAL CREEK CIRCLE  
PENSACOLA, FL 32514**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTS  
DAVIS, GENEVA L  
921 CRYSTAL CREEK CIRCLE  
PENSACOLA, FL 32514**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
ASHBY, CARL MICHAEL  
46 N. DONELSON ST.  
PENSACOLA, FL 32501**

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

*Change mailing  
address for  
Geneva Davis  
2020 Hamilton Crossing  
Cantonment, FL 32533*

*Send INSTRUCTIONS  
Explaining how I  
can do this on  
the website.*

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 recipient of the 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Geneva Davis* **3/24/06 (850) 968-2082**

Date

Daytime Phone #