


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 A
Secretary of State

DOCUMENT # F06067 1. Entity Name FAULKNER & SONS, INC.	
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Principal Place of Business 12570 ROSELAND RD. P.O.BOX 781437 SEBASTIAN, FL 32978	Mailing Address 12570 ROSELAND RD. P.O.BOX 781437 SEBASTIAN, FL 32978
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DO NOT WRITE IN THIS SPACE



03042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2059528	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAULKNER, GARY A
12570 ROSELAND RD.
SEBASTIAN, FL 32958

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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, 2007 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	DP FAULKNER, GARY A 12570 ROSELAND RD. SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAULKNER, TRACY L. 12570 ROSELAND RD. SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAULKNER, ALLEN H 333 SW ORANGE AVE SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FAULKNER, BRANDON A. 12570 ROSELAND RD. SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000653047
03/15/07-80023-008 150.00

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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: Tracy L. Faulkner TRACY L. FAULKNER 3-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #