


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (ART)

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J32288</b> 1. Entry Name <b>C.A. BOONE CONSTRUCTION, INC.</b>		
Principal Place of Business <b>400 SW SISTER WELCOME RD. LAKE CITY FL 32025</b>		Mailing Address <b>P.O. BOX 3236 LAKE CITY FL 32056-3236</b>
2. Principal Place of Business <b>400 Sw Sisters wel.</b>		3. Mailing Address <b>PO Box 3236</b>
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 
City & State <b>lake city fl</b>		City & State <b>Lake City, Fl</b>
Zip <b>32025</b>		Zip <b>32056</b>
Country <b>USA</b>		Country <b>USA</b>
4. FEI Number <b>59-2719736</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>BOONE, JAMES F 182 SW GROUSE PLACE LAKE CITY FL 32025</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>
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 <u>Sherry Font</u> Secretary of Corp.		DATE <u>1/16/06</u>
Signature, typed or printed name of registered agent and title if applicable <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <b>PD</b> <input type="checkbox"/> Delete	NAME <b>BOONE, JAMES F</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS <b>182 SW GROUSE PLACE</b>	CITY-ST-ZIP <b>LAKE CITY FL 32025</b>	NAME <b>U00000401177</b>
TITLE <b>S</b> <input type="checkbox"/> Delete	NAME <b>FONT, SHERRY</b>	CITY-ST-ZIP <b>02/02/06-80032-025 150.00</b>
STREET ADDRESS <b>182 SW GROUSE PLACE</b>	CITY-ST-ZIP <b>LAKE CITY FL 32025</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <b>AS</b> <input type="checkbox"/> Delete	NAME <b>WRIGHT, RACHEL E</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS <b>P.O. BOX 3236</b>	CITY-ST-ZIP <b>LAKE CITY FL 32056</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS 	CITY-ST-ZIP 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS 	CITY-ST-ZIP 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS 	CITY-ST-ZIP 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sherry Font Secretary of Corp 1/16/06