

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90036 021 ***158.75

DOCUMENT # P03000141152

1. Entity Name

BILL SLOMAN CONSTRUCTION INC.



Principal Place of Business

5001 PHILIPS HWY
LOT 27
JACKSONVILLE FL 32207
US

Mailing Address

5001 PHILIPS HWY
LOT 27
JACKSONVILLE FL 32207
US

94060030



MOORE CR2E034 (11/03)

2. Principal Place of Business

2004 W. 70th St.

3. Mailing Address

2004 W. 70th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVENPORT IA

City & State

DAVENPORT IA

4. FEI Number

450528636

Applied For

Not Applicable

Zip

52806

Country

USA

Zip

52806

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SLOMAN, BILL
5001 PHILIPS HWY.
LOT 27
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SLOMAN, BILL	
STREET ADDRESS	5001 PHILIPS HWY, LOT 27	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William B. Sloman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM B. SLOMAN *APR 18/04* *319-321-2842*
Date Daytime Phone #

Bill Sloman
BILL SLOMAN