2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 06, 2005 8:00 am Secretary of State

8/27/05

DOCUMENT # P04000018400 1. Entity Name CHARLES EVERS CONSTRUCTION/CONSULTANT INC.							9-06-2005 90134 048 ***558.75				
Principal Place	e of Busines	5	N	ailing Address	****		1				
2700 NE 135 ST #19				2700 NE 135 ST #19							
NORTH MIAMI, FL 33181			l	NORTH MIAMI, FL 33181					- 50	10649	53
								nh cish dari dari atin	FOLDS 18 0 01 (08	ii ahak aam sa	
2. Principal Place of Business			3.	3. Mailing Address							
								PIN 21EH ESSI SOM SOM		# 200 4 \$514 36	HARI II IRRI
Suite, Apt. #, etc.				Suite, Apt. #, etc.			08272005	Chg-P	CR2E03	4 (10/03)	
City & State				City & State			4. FEI Number			IAC	plied For
								<u>1</u> 667187		<u>_</u> _	at Applicable
Zip	Country			Zip Cour		try	5. Certificate o	f Status Desired		8.75 Ack	
6 Name and Address of Current			nt Benis	staned Acent	,	7. Name and Address of New Registered Agent					
6. Name and Address of Current Registered Agent						Name					
EVERS, CHARLES L					Street Address (B.O. Berritter	:- Al-A &				
2700 NE 135 ST #19 NORTH MIAMI, FL 33181				1	Street Address (P.O. Box Number is Not Acceptable)						
HORTHW	WHATI, FL.	33101		,							
						City		<u> </u>		Zip Cod	e
O The share		y submits this statement	f 4b						FL	'	
the obligat	tions of regist		104 (116	our pose or changing its	i e Bi srei i	ad onice of register	ed agent, or com	, in the State of Flor	iça. Talifu	ziihiidi wili),	and accept
SIGNATURE_	Signature, typed	or printed name of registered age	ent and title	if applicable. (NOTE	: Registere	d Agent signature required	when reinstating)		DATE	-	
De		FEE IS \$550.00 otember 7, 2005		9. Election Campai Trust Fund Cont	ribution.		.00 May Be ed to Fees				
10.	OFFICERS AND D				11.	. 1	ADDITIONS/C	HANGES TO OFFI	CERS AND		
TITLE NAME		HARLES L		☐ Delete	TITLE NAME	l l				☐ Change	☐ Addition
STREET ADDRESS	2700 NE 135 ST #19				STRE	ET ADDRESS					
CITY-ST-ZIP	NORTH MIAMI, FL 33181					-ST-ZIP					
TITLE				☐ Delete	TITL					☐ Change	Addition
NAME Street address					NAM CTOS	E ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE				☐ Delete	TITLE					Change	☐ Addition
NAME .					NAM	E					
STREET ADDRESS						ET ADORESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE NAME				☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP		-				-ST-ZIP		•			_
TITLE				☐ Delete	TITU			······································		Change	Addition
, NAME		-			NAM					-	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP					
				<u> </u>	TITLE						
TITLE NAME]			☐ Celete	NAM	1 -	•			Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
12. I hereby of indicated	certify that the	a information supplied w	ith this f	iling does not qualify for	the exe	mption stated in Se	ction 119.07(3)(i),	Florida Statutes, I i	turther certi	y that the in	nformation or director
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 cath; that I am an officer or director of the corporation or the feceiver 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 attactment with an address with all other like empowered.											Block 11 if