

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90270 033 ***150.00

DOCUMENT # P93000036186

1. Entity Name

A & W CONSTRUCTION SERVICES, INC.



Principal Place of Business

**810 FENTRESS CT
STE 160
DAYTONA BEACH FL 32117
US**

Mailing Address

**P.O. BOX 11377
DAYTONA BEACH FL 32120
US**



2. Principal Place of Business

810 FENTRESS CT. #160

3. Mailing Address

P.O. BOX 11377

Suite, Apt. #, etc.

SUITE #160

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

4. FEI Number

59-3185678

Applied For

Not Applicable

Zip

32117

Country

U.S.A

Zip

32120

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ABERCROMBIE, RICK J
810 FENTRESS CT
DAYTONA BEACH FL 32117**

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, 2005 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 PD ☐ Delete
NAME ABERCROMBIE, RICKY J
STREET ADDRESS 810 FENTRESS CT STE 160
CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE STD ☐ Delete
NAME WITTENBERG, RUSSELL P
STREET ADDRESS 992 SHOCKNEY DR
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE V ☐ Delete
NAME WEST, EDWARD W.
STREET ADDRESS 105 QUIET-TRAIL DR
CITY-ST-ZIP DAYTONA BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05 386-274-1515

Date

Daytime Phone #