

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H23523

1. Entity Name
TRACEY CONSTRUCTION, INC.



Principal Place of Business
1248 VISCAYA PKWY
CAPE CORAL, FL 33990

Mailing Address
1248 VISCAYA PKWY
CAPE CORAL, FL 33990

FILED
Feb 21, 2008 08:00 AM
Secretary of State



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2532516

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HALICZER, JAMES S.
101 NE THIRD AVE 6TH FL
FT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000933809
02/28/08-80027-013 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
TRACEY, DAVID G.
1248 VISCAYA PKWY
CAPE CORAL, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
TRACEY, JOSEPH H.
1248 VISCAYA PKWY
CAPE CORAL, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
TRACEY, KAREN L.
1248 VISCAYA PKWY
CAPE CORAL, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-08

239-574-4900