

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90032 002 ***150.00

DOCUMENT # 221055

1. Entity Name

CONSTRUCTION SUPPLY CO OF VENICE



Principal Place of Business
218 S. SEABOARD AVE.
VENICE FL 34292

Mailing Address
218 S. SEABOARD AVE.
VENICE FL 34292



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-0869270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, VICKI
218 S SEABOARD AVE
VENICE FL 34292

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP.	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, MICHAEL W V.PRES	
STREET ADDRESS	218 SO. SEABOARD AVE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FREEMAN, VICKI	
STREET ADDRESS	218 SO. SEABOARD	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FREEMAN, VICKI	
STREET ADDRESS	218 SO. SEABOARD AVE.	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	N/A	<input type="checkbox"/> Delete
NAME	N/A, N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A N/ N/A	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BROADHEAD, KIM D	
STREET ADDRESS	218 SO. SEABOARD AVE.	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

Vicki Freeman
VICKI FREEMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08

941-488-6641

Date

Daytime Phone