

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 255263

1. Entity Name

CLONTZ CONSTRUCTION, INC.



Principal Place of Business

1122-E LAKE DRIVE/POB 3851
COCOA FL 32924-3851

Mailing Address

1122-E LAKE DRIVE/POB 3851
COCOA FL 32924-3851



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 59-1000767

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLONTZ, MICHAEL G
1122 E. LAKE DRIVE
COCOA FL 32922

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 current registered agent and title, if applicable.

(NOTE: Registered Agent is not due to resign until next filing)

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

TITLE	VD	☐ Delete
NAME	CLONTZ, HOMER G	
STREET ADDRESS	202 COQUINA DR	
CITY-STATE-ZIP	COCOA FL	
TITLE	PD	☐ Delete
NAME	CLONTZ, MICHAEL G	
STREET ADDRESS	202 COQUINA DR	
CITY-STATE-ZIP	COCOA FL	
TITLE	TD	☐ Delete
NAME	CLONTZ, BERTHA	
STREET ADDRESS	202 COQUINA DR	
CITY-STATE-ZIP	COCOA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

U00000861882
04/03/08-80027-001 150.00

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:

Michael G. Clontz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-08

Date

Day, two phone #