

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90022 002 ***150.00

DOCUMENT # 367389

1: Entity Name

L.W. BRAY-CONSTRUCTION COMPANY



Principal Place of Business

4 HIGHLAND OAK TRAIL
ORMOND BEACH FL 32174

Mailing Address

4 HIGHLAND OAKS TRAIL
ORMOND BCH FL 32174
US

2. Principal Place of Business

4 Highland Oaks Trail

Suite, Apt. #, etc.

3. Mailing Address

4 Highland Oaks Trail

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

4. FEI Number

26-1440576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAY, KATHRYN A
4 HIGHLAND OAKS TRAIL
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

Kathryn A Bray

Street Address (P.O. Box Number is Not Acceptable)

4 Highland Oaks Trail

City

Ormond Beach

FL

Zip Code

32174

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

Kathryn A Bray

Kathryn A Bray

1/24/04

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, 2004 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 P ☐ Delete
NAME BRAY, WILLIAM
STREET ADDRESS 4 HIGHLAND OAKS TRAIL
CITY-ST-ZIP ORMOND BEACH FL 32074

TITLE ST ☐ Delete
NAME BRAY, KATHRYN A
STREET ADDRESS 4 HIGHLAND OAKS TRAIL
CITY-ST-ZIP ORMOND BEACH FC 32074

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L.W. Bray, Sr.

Date

Daytime Phone #

1/24/04 386
272-4216