

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 372480 1. Entity Name CONSTRUCTIVE SERVICES, INC.		
Principal Place of Business 13620 49TH ST N #400 CLEARWATER, FL 34622 US	Mailing Address 13620 49TH ST N #400 CLEARWATER, FL 34622 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ESCHENROEDER, EDWARD E 13300 INDIAN ROCKS RD. #2101 LARGO, FL 34644		DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1379788	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 file if applicable)

(NOTE: Registered Agent signature required when "Not Applicable")

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ESCHENROEDER, EDWARD E 13300 INDIAN ROCKS RD LARGO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD ESCHENROEDER, ROGER 13620 49TH STREET N CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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05/04/04-80043-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Edward E. Eschenroeder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (727) 596-8651
DATE OFFICER'S PHONE