2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # 386477** Feb 03, 2005 08:00 AM 1. Entity Name **Secretary of State** JACK E. RIDDLE CONSTRUCTION CO., INC. Mailing Address Principal Place of Business 4295 NW 1 AVE BOCA RATON FL 33431 US 4295 NW 1 AVE BOCA RATON FL 33431 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 59-1362804 Not Applicable Country Ziα Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIDDLE, JACK E Street Address (P.O. Box Number is Not Acceptable) 5895 BÁRTRAM STREET **BOCA RATON FL 33433** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition me Change TITLE Delete RIDDLE, JACK E NAME NAME STREET ADDRESS 5895 BARTRAM STREET STREET ADDRESS **BOCA RATON FL** CITY-ST- 7IP CITY-ST-ZIP <del>U0000021410</del>1 000000214.01 02/03/05-80097-024 T50.00 ☐ Addition ST Delete ппе TITLE NAME RIDDLE, JUNE ANN NAME 5895 BARTRAM STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE Change Addition Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TILE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE: Dand & Rellin / Pars. JACK & Ridelle 2-1-05 561. 391.4845