

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 407114

1. Entity Name

E & S CONTRACTORS, INC.



Principal Place of Business

5650 CR 630 E
FROSTPROOF FL 33843
US

Mailing Address

5650 CR 630 E
FROSTPROOF FL 33843
US



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

5650 C.R. 630 E.

Suite, Apt. #, etc.

3. Mailing Address

5650 C.R. 630 E.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Frostproof, FL

Zip

33843

Country

Polk

City & State

Frostproof, FL

Zip

33843

Country

Polk

4. FEI Number

59-1451647

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, BUCK
18 AMARYLLIS DR S
PO BOX 7005
INDIAN LAKE ESTATES FL 33855

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]

4/9/08

Signature, typed or printed name of registered agent and title, if applicable.

NOTE: Registered Agent signature required when re-registering.

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	SVD	<input type="checkbox"/> Delete
NAME	EVANS, VIOLET	
STREET ADDRESS	PO BOX 7005	
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855	
TITLE	DP	<input type="checkbox"/> Delete
NAME	EVANS, BUCK	
STREET ADDRESS	PO BOX 7005	
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000893143	
STREET ADDRESS	04/23/08-80093-013 150.00	
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		
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 an other like empowered.

SIGNATURE:

Violet D. Evans 4/9/08 863-635-1558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #