

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 422564

1. Entity Name
NORTH FLORIDA BRICK COMPANY, INC.



FILED
Mar 06, 2004 08:00 AM
Secretary of State

Principal Place of Business
P O BOX 1569
PANAMA CITY, FL 32402

Mailing Address
P O BOX 1569
PANAMA CITY, FL 32402



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1450002

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TEW, WILLIAM VIRGIL
2100 COUNTRY CLUB DRIVE
LYNN HAVEN, FL 32444

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IN THIS SPACE**

I, 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 title if applicable.

(NOTE: Registered Agent signature required when restate.)

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**

U000000078719

03/08/04 00037 005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TEW, WILLIAM VIRGIL
STREET ADDRESS	2100 COUNTRY CLUB DR
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William Virgil Tew* - William Virgil Tew 3/04/04 850-265-2195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #