

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90048 008 \*\*\*150.00

**DOCUMENT # 436785**

1. Entity Name

EBERHARD CONSTRUCTION COMPANY, INC.



Principal Place of Business

2215 COBLY LANE  
PO BOX 17923  
TAMPA FL 33682

Mailing Address

2215 COBLY LANE  
PO BOX 17923  
TAMPA FL 33682

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E034 (11/03)

# 59-1487355

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANEY (DAVID A.), ESQUIRE  
1007 FIRST NATIONAL BANK BLDG.  
TAMPA FL

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, 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 PD ☐ Delete  
NAME EBERHARD, WILLARD L, JR  
STREET ADDRESS 2215 COBLY LANE  
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ Delete  
NAME EBERHARD, DAVID  
STREET ADDRESS 6903 AXELROD WAY  
CITY-ST-ZIP WESLEY CHAPLE FL

TITLE S ☐ Delete  
NAME EBERHARD, ROXANNE  
STREET ADDRESS 2215 COBLY LANE  
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ Delete  
NAME EBERHARD, JAMES  
STREET ADDRESS 28114 DEEDRA DR.  
CITY-ST-ZIP WESLEY CHAPLE FL

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Date

Daytime Phone #

*Willard L. Eberhard, Pres.* 4-6-04 (813) 971-5737