

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90031 047 ***150.00

DOCUMENT # 476599

1. Entity Name

TIFFANY CONSTRUCTION AND DEVELOPMENT CORP.



Principal Place of Business

2850 LAKE WASHINGTON RD #1
P O BOX 361461
MELBOURNE FL 32936-1461

Mailing Address

2850 LAKE WASHINGTON RD #1
P O BOX 361461
MELBOURNE FL 32936-1461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1608278

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

ACKERMAN, MARK D.
2850 LAKE WASHINGTON RD.
STE 2
MELBOURNE FL 32935

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 NAME	PD ACKERMAN, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	751 LAKE WORTH CIR.	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE NAME	VTD ACKERMAN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	501 SWEETWATER COVE BLVD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE NAME	SVD ACKERMAN, LON	<input type="checkbox"/> Delete
STREET ADDRESS	1048 WIMBLEDON DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE NAME	VM ACKERMAN, FRED A	<input type="checkbox"/> Delete
STREET ADDRESS	1817 BRAELOCK COURT	
CITY-ST-ZIP	MAITLAND FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #