

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 489214**

1. Entity Name

CENTRAL BROWARD CONSTRUCTION, INC.



Principal Place of Business

931 N W 53 CT  
FT LAUDERDALE, FL 33309

Mailing Address

931 N W 53 CT  
FT LAUDERDALE, FL 33309



03042004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1630388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LORD, KENNETH I  
2835 NE 35TH ST  
FT. LAUDERDALE, FL 33306

**DO NOT WRITE  
IN THIS SPACE**

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 State 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**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LORD, KENNETH I  
STREET ADDRESS 2835 NE 35TH ST  
CITY-STATE-ZIP FT LAUDERDALE, FL 00000,

TITLE ST  
NAME LORD, KENNETH I  
STREET ADDRESS 2835 NE 35TH ST  
CITY-STATE-ZIP FT LAUDERDALE, FL 00000,

TITLE EVP  
NAME NEWELL, ROBERT V.  
STREET ADDRESS 10322 S.W. 50TH AVE.  
CITY-STATE-ZIP COOPER CITY, FL

TITLE D  
NAME LORD, GAYLE A.  
STREET ADDRESS 2835 NE 35TH ST.  
CITY-STATE-ZIP FT LAUDERDALE, FL

TITLE VP  
NAME ECKENRODE, JAMES V.  
STREET ADDRESS 17088 133RD TRAIL NORTH  
CITY-STATE-ZIP JUPITER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

000000489214  
15-03-04-80151-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

4-22-04 954-491-2772