


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 686581 1. Entity Name KOHLY CONSTRUCTION INC.	
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Principal Place of Business 12227 S.W. 131 AVE. MIAMI, FL 33183	Mailing Address 12227 S.W. 131 AVE. MIAMI, FL 33183
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05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2050738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOHLY, EUGENE A 12227 SW 131ST AVE MIAMI, FL 33186
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**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOHLY, EUGENE A. 12227 SW 131ST AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOHLY, ELIZABETH B 9321 SW 140TH ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOHLY, MIGUEL F 33186 MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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15/06/04-80047-004 150.00

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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

4/30/04 **305-2624**
Date Daytime Phone #