

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 849852

1. Entity Name
**SHANNON, STROBEL & WEAVER CONSTRUCTORS &
ENGINEERS, INC.**



Principal Place of Business
**753 E. GLENN AVE.
P O BOX 1088
AUBURN, AL 36830**

Mailing Address
**753 E. GLENN AVE.
P O BOX 1088
AUBURN, AL 36830**



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0808380

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 \$150.00
After May 1, 2005 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 SHANNON, MICHAEL V
STREET ADDRESS 220 CARY DRIVE
CITY-ST-ZIP AUBURN, AL

TITLE VD
NAME WEAVER, CHARLES H
STREET ADDRESS 267 HILLCREST
CITY-ST-ZIP AUBURN, AL 36830

TITLE VST
NAME STROBEL, DAVID L
STREET ADDRESS 2295 LONGWOOD DRIVE
CITY-ST-ZIP AUBURN, AL

TITLE VSTD
NAME STROBEL, DAVID
STREET ADDRESS 2295 LONGWOOD DR.
CITY-ST-ZIP AUBURN, AL 36830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000337575
04/28/05-80002-006 150.00

**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 ()

334-821-0928