

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90171 049 ***150.00

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1. Entity Name

S.W. DAY CONSTRUCTION CORPORATION



Principal Place of Business

820 GREEBRIER CIRCLE, UNIT 30
CHESAPEAKE VA 23320

Mailing Address

820 GREEBRIER CIRCLE, UNIT 30
CHESAPEAKE VA 23320

2. Principal Place of Business

6122 GALLEON WAY

Suite, Apt. #, etc.

3. Mailing Address

6122 GALLEON WAY

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33615

Country

Zip

33615

Country

4. FEI Number

54-1530668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCINTYRE, RICHARD J
101 E. KENNEDY BLVD., S TE. 2700
TAMPA FL 33602

7. Name and Address of New Registered Agent

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, 2005 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 CPT ☐ Delete
NAME DAY, WILTON L
STREET ADDRESS 6122 GALLEON WAY
CITY-ST-ZIP TAMPA FL 33615

TITLE VCS ☐ Delete
NAME DAY, SHIRLEY B
STREET ADDRESS 6122 GALLEON WAY
CITY-ST-ZIP TAMPA FL 33615

TITLE VP ☐ Delete
NAME DAY, KENNETH L
STREET ADDRESS 2104 QUAKER PLACE
CITY-ST-ZIP CHESAPEAKE VA 23325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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:

KENNETH L. DAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (757) 718-5669

Date

Daytime Phone #