

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F06067

1. Entity Name

FAULKNER & SONS, INC.



Principal Place of Business

**12570 ROSELAND RD.
P.O. BOX 781437
SEBASTIAN FL 32978**

Mailing Address

**12570 ROSELAND RD.
P.O. BOX 781437
SEBASTIAN FL 32978**

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

59-2059528

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

**FAULKNER, GARY A
12570 ROSELAND RD.
SEBASTIAN FL 32958**

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 **DP** ☐ Delete
NAME **FAULKNER, GARY A**
STREET ADDRESS **12570 ROSELAND RD.**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE **S** ☐ Delete
NAME **FAULKNER, TRACY L.**
STREET ADDRESS **12570 ROSELAND RD.**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE **V** ☐ Delete
NAME **FAULKNER, ALLEN H**
STREET ADDRESS **333 SW ORANGE AVE**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE **M** ☐ Delete
NAME **FAULKNER, BRANDON A.**
STREET ADDRESS **12570 ROSELAND RD.**
CITY-ST-ZIP **SEBASTIAN FL**

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
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Tracy L. Faulkner **TRACY L. FAULKNER** 1-29-04 772-589-1697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #