

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90203 018 ***550.00

DOCUMENT # F99000003894

1. Entity Name
CHARTER CONSTRUCTION MANAGEMENT COMPANY, INC.



Principal Place of Business
**730 NORTH DEAN ROAD #200
AUBURN, AL 36830**

Mailing Address
**730 NORTH DEAN ROAD #200
AUBURN, AL 36830**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05062004

Chg-P

CR2E034 (10/03)

4. FEI Number
63-1029601

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

**DAVIS, DWIGHT
7591 HWY 98 W
HUNTERPOINT APT 305
PENSACOLA, FL 32506**

Name **Keith Kilgen**
Street Address (P.O. Box Number is Not Acceptable)
1816 Wilson Avenue

City **Pensacola** FL Zip Code **32507**

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 **Keith Kilgen**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE **5/6/04**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P BENNETT, FRED**
STREET ADDRESS **730 NORTH DEAN ROAD #200**
CITY-ST-ZIP **AUBURN, AL 36830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **HILL, MILES**
STREET ADDRESS **730 NORTH DEAN ROAD #200**
CITY-ST-ZIP **AUBURN, AL 36830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **GETHERS, DAVID**
STREET ADDRESS **730 NORTH DEAN ROAD #200**
CITY-ST-ZIP **AUBURN, AL 36830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/6/04 334-502-4100