

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90020 016 ***150.00

DOCUMENT # G28689

1. Entity Name

CORRIVEAU & SONS, INC.



Principal Place of Business

**2779 S.W. HILLSBOROUGH AVE
ARCADIA FL 33821**

Mailing Address

**2779 S.W. HILLSBOROUGH AVE
ARCADIA FL 33821**

2. Principal Place of Business

7042 Lily County Road

3. Mailing Address

P.O. Box 2587

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ONA FL.

City & State

ARCADIA FL.

Zip

33865

Country

HARDCC

Zip

34265

Country

Desoto

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, FLETCHER
124 N BREVARD AVE.
ARCADIA FL 33821**

7. Name and Address of New Registered Agent

Name **ROCK CORRIVEAU**

Street Address (P.O. Box Number is Not Acceptable)

7042 LILY COUNTY ROAD

City **ONA**

FL

Zip Code **33865**

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 PD ☐ Delete
NAME CORRIVEAU, ROCK
STREET ADDRESS 1025 N BREVARD AVE.
CITY-ST-ZIP ARCADIA FL

TITLE VD ☒ Delete
NAME CORRIVEAU, LISETTE
STREET ADDRESS 1025 N BREVARD AVE.
CITY-ST-ZIP ARCADIA FL

TITLE S ☒ Delete
NAME CORRIVEAU, CLAUDE
STREET ADDRESS 1025 N BREVARD AVE.
CITY-ST-ZIP ARCADIA FL

TITLE T ☒ Delete
NAME CORRIVEAU, SYLVAIN
STREET ADDRESS 1025 N BREVARD AVE.
CITY-ST-ZIP ARCADIA 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 7042 LILY COUNTY ROAD
CITY-ST-ZIP ONA FL. 33865

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

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

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CITY-ST-ZIP

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 #