

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90183 045 ***150.00

DOCUMENT # G78040

1. Entity Name
ABSOLUTE CONSTRUCTION, INC.



Principal Place of Business 4152 WEST BLUE HERON BLVD. 4152 W. BLUE HERON BL. SUITE 128 RIVIERA BEACH, FL 33404 US	Mailing Address 4152 W. BLUE HERON BL. SUITE 128 RIVIERA BEACH, FL 33404 US
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50023656



01202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business 631 US Highway 1	3. Mailing Address 631 US Highway 1
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400
City & State North Palm Beach, FL	City & State North Palm Beach, FL
Zip 33408	Country US

4. FEI Number 59-2414418	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FAGAN, GREGORY J.
4152 W BLUE HERON BLVD, #128
RIVIERA BCH, FL 33404

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	631 US Highway 1, Ste 400
City	North Palm Beach FL
Zip Code	33408

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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS FAGAN GREGORY J. 4152 W BLUE HERON BLVD STE 128 RIVIERA BCH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 631 US Highway 1, Suite 400 North Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 TITLE OF REGISTERED AGENT OR NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05
Date

561-848-7223
Daytime Phone #