

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90392 042 ***158.75

DOCUMENT # H03059

1. Entity Name

D. JAMES ESLINGER CONSTRUCTION, INC.



Principal Place of Business

8424 COASH RD
SARASOTA FL 34241

Mailing Address

8424 COASH RD
SARASOTA FL 34241

24035009



MOORE CR2E034 (11/03)

2. Principal Place of Business

1850 PORTER LAKE DR

3. Mailing Address

1850 PORTER LAKE DR

Suite, Apt. #, etc.

109

Suite, Apt. #, etc.

109

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34240

Country

USA

Zip

34240

Country

USA

4. FEI Number

59-2403059

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESLINGER, JAMES L
8424 COASH RD
SARASOTA FL 34241

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, 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 VTS ☐ Delete
NAME ARDEN, JULIE A
STREET ADDRESS 6400 YELLOW WOOD PL
CITY-ST-ZIP SARASOTA FL 34241

TITLE P ☐ Delete
NAME ESLINGER, JAMES L.
STREET ADDRESS 8424 COASH RD
CITY-ST-ZIP SARASOTA FL 34241

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Julie A Arden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-4 (941) 371-3920

Date Daytime Phone #