2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # K08595

1. Entity Name
BLUEGRASS CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
4902 N. HOWARD AVE. SUITE B TAMPA, FL 33603-1414 US	4902 N HOWARD AVE SUITE B TAMPA, FL 33603-1414 US

DO NOT WRITE IN THIS SPACE

03132003 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2866985

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NETZLER, DAVID E.
4902 N. HOWARD AVE
SUITE B
TAMPA, FL 33603-1414

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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: DAVID E. NETZLER PRESIDENT 5/19/04
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NETZLER, DAVID E.
STREET ADDRESS	10713 CARROLL LAKE DR
CITY ST ZIP	TAMPA, FL 33618
TITLE	STD
NAME	NETZLER, SHERRY
STREET ADDRESS	10713 CARROLL LAKE DR
CITY ST ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: DAVID E. NETZLER 5/19/04 813-267-3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #