

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K48070

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** PAUL CARTWRIGHT CONSTRUCTION, INC.

**Current Principal Place of Business:**

4505 S.E. COUNTY RD 760  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

4505 S.E. COUNTY RD 760  
ARCADIA, FL 34266 US

**New Mailing Address:**

**FEI Number:** 65-0111429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARTWRIGHT, PAUL D  
28382 TASCA DR.  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

CARTWRIGHT, PAUL D  
4505 SE COUNTY ROAD 760  
ARCADIA, FL 34266 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/03/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPV  
Name: PAUL CARTWRIGHT  
Address: 4505 SE COUNTY ROAD 760  
City-St-Zip: ARCADIA, FL 34266

Title: DST  
Name: LYNN CARTWRIGHT  
Address: 4505 SE COUNTY ROAD 760  
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL D. CARTWRIGHT

DPV

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date