

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # K77115

1. Entity Name
APOSTOLOPOULOS & PAULICK CONSTRUCTION, INC.



Principal Place of Business

**3425 SW 78TH AVE
PALM CITY, FL 34990 US**

Mailing Address

**3425 SW 78TH AVE
PALM CITY, FL 34990 US**



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0131262

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**APOSTOLOPOULOS, COSTA
3425 SW 78TH AVE
PALM CITY, FL 34990**

**DO NOT WRITE
IN THIS SPACE**

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

2-15-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**PRES
APOSTOLOPOULOS, COSTA
3425 S.W. 78TH AVENUE
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
APOSTOLOPOULOS, NICK
1301 DECKER AVE
STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DUBOIS, JEFF
414 SE ROBOLO COURT
STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000877344
04/14/08-80034-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

2-15-08 772 223-4532