## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # K81785 1. Entity Name 04-12-2004 90321 028 \*\*\*150.00 WHITFIELD CONSTRUCTION INC. Mailing Address Principal Place of Business P.O. BOX 38177 P.D.BOX 14686 TALLAHASSEE FL 82315 32317 6727 COD COURT TALLAHASSEE FL 32317 .odi OZUSTUT2 2. Principal Place of Business 3. Mailing Address 67271 P.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) allaha allaha Applied For City & State 4. FEI Number City & State 59-2948488 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П USP Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITFIELD, JEFFREY 6727 COURT Lod: Court Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32317 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** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change 7III F ☐ Delete TIT: F ☐ Addition Whitfield, Jeffrey P.O. Box 14686 NAME WHITFIELD, JEFFREY NAME P.O. BOX 38177 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32315 CITY-ST-ZIP Tallahassee FL 32317 Change TITLE ☐ Delete TITLE whitfield, Janet 6727 Lodi Court ☐ Addition WHITFIELD, JAN NAME 1818 SHARON RD STREET ADDRESS STREET ADDRESS Tallahassee, FL 32317 CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP - Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ттт ғ ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED