

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90718 004 ***158.75

DOCUMENT # L21201

1. Entity Name

PRINCETON CONSTRUCTION CO., INC.



Principal Place of Business

1801 THONOTOSASSA RD
SUITE 4
PLANT CITY FL 33563
US

Mailing Address

2804 WILDER PARK DR
PLANT CITY FL 33566
US

940568897



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

1801 Thonotsassa Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 4

City & State

City & State

Plant City FL

4. FEI Number

59-2976270

Applied For

Not Applicable

Zip

Country

Zip

Country

33563

Hillsborough

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, MCLEOD L JR
2804 WILDER PARK DR
PLANT CITY FL 33566

Name

Street Address (P.O. Box Number is Not Acceptable)

37237 Nicole Ave.

City

Zephyrhills

FL

Zip Code

33541

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

Thomas McLeod

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME COOK, ARTHUR G.
STREET ADDRESS 3226 KILMER DRIVE
CITY-ST-ZIP PLANT CITY FL 33567

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME COOK, BEN D.
STREET ADDRESS 1652 SPRINGHOUSE TR
CITY-ST-ZIP VIRGINIA BEACH VA 23455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PDST ☐ Delete
NAME MCLEOD, THOMAS L
STREET ADDRESS 2804 WILDER PARK DR
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME BARKER, LAWRENCE A
STREET ADDRESS 3460 SILVER MEADOW WAY
CITY-ST-ZIP PLANT CITY FL 33567

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Thomas McLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 (813)757-6374

Date

Daytime Phone #