

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-19-2004 90025 014 ***150.00

DOCUMENT # M60353							
1. Entity Name SCHARNAGL CONSTRUCTION, INC.							
Principal Place of Business SCHARNAGL CONSTRUCTION, INC. 10755 SW 190TH STREET, BAY 54 MIAMI FL 33157 US			Mailing Address SCHARNAGL CONSTRUCTION, INC. 10755 SW 190TH STREET, BAY 54 MIAMI FL 33157 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0008354 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
Zip	Country	Zip	Country	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				
SCHARNAGL, ROBERT 10755 SW 190TH STREET BAY 54 MIAMI FL 33157			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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) Signature, typed or printed name of registered agent and title if applicable							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$350.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	P SCHARNAGL, ROBERT ☐ Delete 13001 S.W. 106 ST. MIAMI FL 33186		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition			
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	VP SCHARNAGL, TIMOTHY ☐ Delete 28105 S.W. 168TH CT. HOMESTEAD FL 33030		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition			
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition			
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition			
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition			
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: <i>Robert Scharnagl</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			ROBERT SCHARNAGL 1-29-04 305-235-8174 Date Daytime Phone #				