

ANNUAL REPORT (AR)

DOCUMENT # M77708

1. Entity Name

CURCIE ENTERPRISES, INC.



FILED
Mar 28, 2005 08:00 AM
Secretary of State

Principal Place of Business
% THOMAS A. CURCIE
POST OFFICE BOX 177
SPARR FL 32192

Mailing Address
% THOMAS A. CURCIE
POST OFFICE BOX 177
SPARR FL 32192

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number 65-0039024

Applied For

Not Applicable

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

CURCIE, THOMAS A.
13705 NORTHEAST 14TH AVENUE
SPARR FL 32192

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 | DP | <input type="checkbox"/> Delete |
| NAME | CURCIE, THOMAS A. | |
| STREET ADDRESS | 13705 NE 14TH AVE | |
| CITY - ST - ZIP | SPARR FL | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | CURCIE, CRISTINA R. | |
| STREET ADDRESS | 13705 NE 14TH AVE | |
| CITY - ST - ZIP | SPARR FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
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03/28/05-80028-005 150.00

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 A. Curcie **THOMAS A. CURCIE** *3/28/05* *352 862-2363*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #