

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90047 010 ***150.00

DOCUMENT # P00000037637

1. Entity Name

CONSULTANT CONSTRUCTION SERVICES COMPANY



Principal Place of Business

18601 S.E. FEDERAL HWY C-8
TEQUESTA FL 33469

Mailing Address

18601 S.E. FEDERAL HWY C-8
TEQUESTA FL 33469

2. Principal Place of Business

Okeechobee
Suite, Apt. #, etc.
13801 US Hwy 441 SE # 90

City & State

Okeechobee FL

Zip

34974

Country

USA

3. Mailing Address

52102
Suite, Apt. #, etc.

City & State

Zip

34974

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-1004769

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



Mr. Leo Clark
13801 US Highway 441 SE # 90
Okeechobee, FL 34974

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, 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 ☐ Delete
NAME **D**
STREET ADDRESS **CLARK, LEO E**
CITY-ST-ZIP **18601 S.E. FEDERAL HWY C-8**
TEQUESTA FL 33469

TITLE ☐ Change ☒ Addition
NAME *Robert S. Clark VP*
STREET ADDRESS *2881 SW 18th St*
CITY-ST-ZIP *Ft Lauderdale FL 33312*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar 20 04 661-248-9992