

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90028 029 ***150.00

DOCUMENT # P00000081676

1. Entity Name
CONSTRUCTION CONSULTANTS OF ENGLEWOOD, INC.



Principal Place of Business
**1424 KEYWAY ROAD
ENGLEWOOD, FL 34223**

Mailing Address
**1424 KEYWAY ROAD
ENGLEWOOD, FL 34223**

3404011



DO NOT WRITE IN THIS SPACE

01312004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEAVER, ELBERT CP
1424 KEYWAY ROAD
ENGLEWOOD, FL 34223

Clois S Weaver

**DO NOT WRITE
IN THIS SPACE**

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

Clois S Weaver Pres

4-5-04

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEAVER, ELBERT CP <i>Clois S Weaver P</i>
STREET ADDRESS	1424 KEYWAY ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34223

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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

4-5-04 (941) 468-5777

Date

Daytime Phone #