

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90205 009 ***158.75

DOCUMENT # P00000105651

1. Entity Name
ABC CONSTRUCTION OF ENGLEWOOD, INC.



Principal Place of Business

2121 ARKANSAS AVE.
ENGLEWOOD, FL 34224

Mailing Address

PO BOX 8084
NORTH PORT, FL 34287



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1060118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARVEY, SHAWN
~~6145 SEAPORT STREET~~ 6113 Reiskertown Rd.
~~PORT CHARLOTTE, FL 33901~~ North Port, FL
34286

**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

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

(NOTE: Registered Agent signature required when re-registering)

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	D
NAME	CARVEY, SHAWN
STREET ADDRESS	6145 SEAPORT STREET 6113 Reiskertown Rd
CITY - ST - ZIP	PORT CHARLOTTE, FL 33901 NORTH PORT FL 34286
TITLE	V
NAME	CARVEY, LARRY
STREET ADDRESS	6412 BLUEBERRY DRIVE
CITY - ST - ZIP	ENGLEWOOD, FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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)(j), 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 #

4-27-4 9414295278