

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90041 045 ***158.75

DOCUMENT # P01000010092

1. Entity Name

S.B.T. CONSTRUCTION, INC.



Principal Place of Business

8149 VOYAGER DR.
CITRUS SPRINGS FL 34433

Mailing Address

8149 VOYAGER DR.
CITRUS SPRINGS FL 34433

2. Principal Place of Business

8149 Voyager Dr.
Suite, Apt. #, etc.

3. Mailing Address

8149 Voyager Dr.
Suite, Apt. #, etc.

City & State

Citrus Springs

City & State

Citrus Springs

Zip

FL.

Country

U.S.A.

Zip

FL.

Country

U.S.A.

4. FEI Number

59-3699430

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, STEVEN B
8149 VOYAGER DR.
CITRUS SPRINGS FL 34433

7. Name and Address of New Registered Agent

Name

Steven B. Taylor (Same)

Street Address (P.O. Box Number is Not Acceptable)

8149 Voyager Dr.

City

Citrus Springs

FL

Zip Code

34433

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

TITLE DP ☐ Delete
NAME TAYLOR, STEVEN B
STREET ADDRESS 8149 VOYAGER DR.
CITY-ST-ZIP CITRUS SPRINGS FL 34433

TITLE DV ☐ Delete
NAME TAYLOR, ROBERT D
STREET ADDRESS 3071 W. BRAZILNUT RD.
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE S ☒ Delete
NAME WIEZOREK, LOUISE M
STREET ADDRESS 8 VIBURNUM LN
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary ☒ Change ☐ Addition
NAME Louisa M. Taylor
STREET ADDRESS 8149 Voyager Dr.
CITY-ST-ZIP Citrus Springs FL 34433

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

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

TITLE ☐ Change ☐ Addition
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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

Steven B. Taylor 2/7/05

Date

Daytime Phone #

352 489-0453