2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State
05-07-2004 90114 033 ***150.00

DOCUMENT # P01000018801

1. Entity Name
ELKCAM CONSTRUCTION, INC

Principal Place of Business	Mailing Address
1538 BUCCANEER CT MARCO ISLAND, FL 34145	1538 BUCCANEER CT MARCO ISLAND, FL 34145

03172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59 4246951 ☐ 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
COX, STEVEN 1538 BUCCANEER CT MARCO ISLAND, FL 34145	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

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 NAME STREET ADDRESS CITY-ST-ZIP	D COX, STEVEN 1538 BUCCANEER CT MARCO ISLAND, FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Steve Cox 4-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
24078518
P01000018801

www.[illegible].org

Division of Corporations

Annual Report

Document Number
[redacted]

Business Entity Name
ELKCBM CONSTRUCTION

FEI Number 13-4246951

FEI Number Status Applied For Not Applicable (Current)

Certificate of Status Desired Yes No

Principal Place of Business

Address 1538 BUCCANEER CT

Suite, Apt. #, etc.

City, State MARCO ISLAND FL

Zip Code & Country 34145

Mailing Address

Address 1538 BUCCANEER CT

Suite, Apt. #, etc.

City, State MARCO ISLAND FL

Zip Code & Country 34145

Name And Address of Registered Agent

Name (Last, First, Middle, Title) COX STEVEN

-or- RA Business Name

Address 1538 BUCCANEER CT

Suite, Apt. #, etc.

City, State MARCO ISLAND FL

Zip Code & Country 34145

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature