

04/28/2004

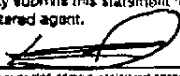
11:22

ROSS & ROSS ACCOUNTING + 7330266

NO. 221

002

FILED**May 03, 2004 08:00 AM**
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000068952 1. Entity Name DAVID CONSTRUCTION & CO., INC.		
Principal Place of Business 9224 CRAVEN RD. JACKSONVILLE, FL 32257	Mailing Address 9224 CRAVEN RD. JACKSONVILLE, FL 32257	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DAVID, CHARLES 9224 CRAVEN RD. JACKSONVILLE, FL 32257		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:  4-28-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing) 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 NAME STREET ADDRESS CITY-ST-ZIP	P DAVID, CHARLES 4522 OLD SPANISH TR JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(5)(b), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 307, 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 IKS empowered.		
SIGNATURE:  4-28-04 904-349-0256 SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR Date Day/Mo/Year		



04272004 No Orig-P CP2E034 (10/03)

4. FE. Number
59-3740359Applied For
Not Applicable6. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredU00000146324
03-09-04-80059-024 150.00