

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000078985

1. Entity Name
CONSTRUCTION DEBRIS REMOVAL OF VENICE, INC.



Principal Place of Business
**10175 RAFFERTY AVENUE
ENGLEWOOD, FL 34224**

Mailing Address
**10175 RAFFERTY AVENUE
ENGLEWOOD, FL 34224**



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1128786

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NICKERSON, FREDERICK A
10175 RAFFERTY AVENUE
ENGLEWOOD, FL 34224**

**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 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	VPD
NAME	NICKERSON, MICHAEL L
STREET ADDRESS	10175 RAFFERTY AVENUE
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	PD
NAME	NEWMAN, JOSEPH D
STREET ADDRESS	770 TEXAS STREET UNIT B
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	S
NAME	NICKERSON, THELMA
STREET ADDRESS	10175 RAFFERTY AVENUE
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000143603
04/30/04-80099-002 150.00

**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)(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:

Thelma Nickerson **SECRETARY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-04

Date

946-473-4836
Daytime Phone #