

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90001 029 ***150.00

DOCUMENT # P01000121120

1. Entity Name
CHRISTOPHER MCCAMMON CONSTRUCTION, INC.



Principal Place of Business
**4305 CHADWICK STREET
PACE, FL 32571**

Mailing Address
**4305 CHADWICK STREET
PACE, FL 32571**

54067121



07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0003224

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCAMMON, CHRISTOPHER
4305 CHADWICK STREET
PACE, FL 32571**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MCCAMMON, CHRISTOPHER**
STREET ADDRESS **4305 CHADWICK STREET**
CITY-ST-ZIP **PACE, FL 32571**

TITLE **V**
NAME **CASTLEBERRY, JEFFREY W**
STREET ADDRESS **6036 CARR ROAD**
CITY-ST-ZIP **MILTON, FL 32583**

TITLE **V**
NAME **SALMERON, FRED**
STREET ADDRESS **3670 BRIGHTWOOD**
CITY-ST-ZIP **PACE, FL 32571**

*ADDITION OF
BACK PAGE*

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)(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

8/1/04
Date

(850) 982-5934
Daytime Phone #

Attachment

54067121

07122004 Chq-P CR2E034 (10/03)

4. FEI Number
30-0003224

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

MCCAMMON, CHRISTOPHER
4305 CHADWICK STREET
PACE, FL 32571

Name _____

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

City

FL

Zip Code

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SIGNATURE _____

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DATE _____

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Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCAMMON, CHRISTOPHER	
STREET ADDRESS	4305 CHADWICK STREET	
CITY-ST-ZIP	PACE, FL 32571	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CASTLEBERRY, JEFFREY W	
STREET ADDRESS	6036 CARR ROAD	
CITY - ST - ZIP	MILTON, FL 32583	

TITLE	V	<input type="checkbox"/> Delete
NAME	SALMERON, FRED	
STREET ADDRESS	3670 BRIGHTWOOD	
CITY-ST-ZIP	PACE, FL 32571	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MESSER, DANIEL		
STREET ADDRESS	8709 CHISHOLM RD		
CITY-ST-ZIP	PENSACOLA, FL 32514		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/04

Date _____

982 5934

Daytime Phone: _____

Attachment

54067121
#P01000121120

Christopher McCammon Construction, Inc.

4305 Chadwick Street

Pace, FL 32571

Phone (850) 982-5934

July 12, 2004

Division of Corporations

P.O. Box 6198

Tallahassee, FL 32314

To Whom it May Concern:

I recently received a notice of intent to dissolve. I did not receive a notice to file from the Florida Department of State. I am requesting the penalty be waived on my renewal because I did not receive a notice to file. I have enclosed a \$150 check payable to Florida Department of State to renew my corporation. If you have any questions, please contact me at (850) 982-5934. Thank you for your time and assistance.

Sincerely,



Christopher McCammon
President