


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000010262	
1. Entity Name VOLUSIA CONSTRUCTION OPERATING COMPANY	

Principal Place of Business 952 BIG TREE ROAD SOUTH DAYTONA FL 32119	Mailing Address P.O. BOX 214578 SOUTH DAYTONA FL 32121
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 30-0040282		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UNDERWOOD, THOMAS S 952 BIG TREE ROAD SOUTH DAYTONA FL 32119		7. Name and Address of New Registered Agent	
		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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

2/17/04 - Peter
Need Certificate of
STATUS on both -
See box checked

DATE _____
Filing Fee ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO UNDERWOOD, THOMAS S 952 BIG TREE ROAD SOUTH DAYTONA FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST UNDERWOOD, THOMAS J 952 BIGTREE ROAD SOUTH DAYTONA FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLEDSOE, RONNIE 952 BIG TREE ROAD SOUTH DAYTONA FL 32119	<input type="checkbox"/> Delete

OF01 - 5518 5620
150.00
8.75
158.75

11. OFFICERS AND DIRECTORS IN 11

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

U000000059259
02/20/04-80075-004 158.75

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: *Thomas S Underwood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #