

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000012871



1. Entity Name
SURRATT BROTHERS CONSTRUCTION CORPORATION

Principal Place of Business
**120 CLEAR LAKE LANE
HAWTHORNE, FL 32640**

Mailing Address
**POST OFFICE BOX 1410
HAWTHORNE, FL 32640**



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1418242

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SURRATT, SUSAN
120 CLEAR LAKE LANE
HAWTHORNE, FL 32640**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SURRATT, KENNETH
STREET ADDRESS	POST OFFICE BOX 1410/120 CLEAR LAKE LANE
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	S
NAME	SURRATT, SUSAN
STREET ADDRESS	POST OFFICE BOX 1410/120 CLEAR LAKE LANE
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000307488
04/15/05-80057-007 150.00

**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)(b), 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

President 04/12/05 (352) 336-0678

Date

Daytime Phone #

Susan M. Surraatt Secretary 04/12/05
Susan M. Surraatt