

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90026 023 ***150.00

DOCUMENT # P02000022987



1. Entity Name

CROSKEY BUILDERS & CONSTRUCTION, INC.

Principal Place of Business

939 PECAN ST
OVIDO FL 32765

Mailing Address

P.O. BOX 620848
OVIDO FL 32762-0848



2. Principal Place of Business - No P.O. Box #

2993 W. Osceola Rd

3. Mailing Address

P.O. Box 1058

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Geneva, FL

City & State

Sanford FL

4. FEI Number

02-0551177

Applied For

Not Applicable

Zip

32732

Country

USA

Zip

32772

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSKEY, MARK
939 PECAN STREET
OVIDO FL 32765

7. Name and Address of New Registered Agent

Name

MARK CROSKEY

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

2993 W. Osceola Rd.

City

Geneva

FL

Zip Code

32732

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

Mark Croskey

Signature, typed or printed name of registered agent and title (if applicable)

Mark Croskey

(NOTE: Registered Agent's signature required when submitting)

4/25/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CROSKEY, MARK	
STREET ADDRESS	939 PECAN ST	
CITY - ST - ZIP	OVIDO FL 32765	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Mark Croskey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Croskey 4/25/08

Date

Daytime Phone #