

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90031 008 ***150.00

DOCUMENT # P02000034973

1. Entity Name
TITAN SPECIALTY CONSTRUCTION, INC.



Principal Place of Business
**5680 GULF BREEZE PKWY
BLDG D #9
GULF BREEZE, FL 32563**

Mailing Address
**5680 GULF BREEZE PKWY
BLDG D #9
GULF BREEZE, FL 32563**

50056783



2. Principal Place of Business

**5674 Gulf Breeze Pkwy
Suite, Apt. #, etc.
#2**

3. Mailing Address

**5674 Gulf Breeze Pkwy
Suite, Apt. #, etc.
#2**

07152005 Chg-P CR2E034 (10/03)

City & State

**Gulf Breeze
FL**

City & State

**Gulf Breeze
FL**

4. FEI Number
02-0547432

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GENKIN, FRED D
1373 SOUND FOREST DR.
GULF BREEZE, FL 32563**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GENKIN, FRED D**
STREET ADDRESS **1373 SOUND FOREST DR.**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **D** ☐ Delete
NAME **O'CONNELL, MARY E**
STREET ADDRESS **1373 SOUND FOREST DR.**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **S** ☐ Delete
NAME **MCNAMEE, SHANNON**
STREET ADDRESS **2720 SANIBEL PL**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **McNamee, Shannon**
STREET ADDRESS **322 W. Avery St.**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Fred Genkin

7/15/05

Date

Daytime Phone #

(850) 916-7660