

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000048348

1. Entity Name
BAY COUNTIES CONSTRUCTION & MANAGEMENT, INC.



FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90067 011 ***150.00

Principal Place of Business
**575 MANISHA PLACE
TARPON SPRINGS, FL 34688**

Mailing Address
**575 MANISHA PLACE
TARPON SPRINGS, FL 34688**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004 Chg-P CR2E034 (10/03)

4. FEI Number
02-0586031

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MADALVANOS, GEORGIA
575 MANISHA PLACE
TARPON SPRINGS, FL 34688**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**P
MADALVANOS, ZISIMOS
575 MANISHA PLACE
TARPON SPRINGS, FL 34688**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**ST
MADALVANOS, GEORGIA
575 MANISHA PLACE
TARPON SPRINGS, FL 34688**

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TITLE
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STREET ADDRESS
CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**VP
MADALVANOS, Georgia
575 MANISHA PLACE
TARPON SPRINGS FL 34688**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. Secy 2/13/04 727 9428864
Date Daytime Phone #