

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90266 013 ***158.75

DOCUMENT # P02000576243

1. Entity Name

HOYT CONSTRUCTION, INC.



Principal Place of Business

3013 S. ATLANTIC AVENUE UNIT 507
DAYTONA BEACH SHORES FL 32118

Mailing Address

3013 S. ATLANTIC AVENUE UNIT 507
DAYTONA BEACH SHORES FL 32118

2. Principal Place of Business

20 RADCLIFFE DR.

3. Mailing Address

20 RADCLIFFE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM COAST, FLA.

City & State

PALM COAST, FLA.

4. FEI Number

55-0793592

Applied For

Not Applicable

Zip

32164

Country

FLAGLER

Zip

32164

Country

FLAGLER

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, FOSTER H
3013 S. ATLANTIC AVENUE UNIT 507
DAYTONA BEACH SHORES FL 32118

Name FOSTER H. COLEMAN

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

20 RADCLIFFE DR.

City PALM COAST,

FL

Zip Code

32164

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE COLE
NAME MAN, FOSTER H ☐ Delete
STREET ADDRESS 3013 S. ATLANTIC AVENUE UNIT 1101
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

TITLE PRES. ☐ Change ☐ Addition
NAME FOSTER H. COLEMAN ADDRESS
STREET ADDRESS 20 RADCLIFFE DR.
CITY-ST-ZIP PALM COAST, FLA. 32164

TITLE S ☐ Delete
NAME COLEMAN, FOSTER H
STREET ADDRESS 3013 S. ATLANTIC AVENUE UNIT 507
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE S ☐ Change ☐ Addition
NAME FOSTER H. COLEMAN ADDRESS
STREET ADDRESS 20 RADCLIFFE DR.
CITY-ST-ZIP PALM COAST, FLA. 32164

TITLE VP ☐ Delete
NAME COLEMAN, RYAN
STREET ADDRESS 3013 S. ATLANTIC AVENUE UNIT 507
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE VP ☐ Change ☐ Addition
NAME RYAN COLEMAN ADDRESS
STREET ADDRESS 20 RADCLIFFE DR.
CITY-ST-ZIP PALM COAST, FLA. 32164

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

FOSTER COLEMAN PRES.

Date

Daytime Phone #