

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000095015

1. Entity Name
C-4 BUILDERS, INC.



Principal Place of Business
1720 W NICOLE DR
LECANTO, FL 34461

Mailing Address
1720 W NICOLE DR
LECANTO, FL 34461

FILED

04 OCT -4 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1646658

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CREECH, KENNETH E
1720 W NICOLE DR
LECANTO, FL 34461

**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

300041616493
10/05/04--01094--012 **550.00

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
DCEO
CARL, JEFFREY T
1720 W NICOLE DR
LECANTO, FL 34461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOT
CREECH, KENNETH E
1720 W NICOLE DR
LECANTO, FL 34461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CREECH, KENNETH E
1720 W NICOLE DR
LECANTO, FL 34461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CREECH, SHELLY M
1720 W NICOLE DR
LECANTO, FL 34461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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:

Kenneth H Creech Kenneth H Creech 30 Sep 04 350-527-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #