

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90354 003 ***150.00

DOCUMENT # P02000117817

1. Entity Name
RETFERFORD CONTRACTING, INC.



Principal Place of Business
**109 GROVE ISLE BLVD
PANAMA CITY BEACH FL 32408**

Mailing Address
**109 GROVE ISLE BLVD
PANAMA CITY BEACH FL 32408**



2. Principal Place of Business
109 Grove Isle Blvd
Suite, Apt. #, etc.

3. Mailing Address
109 Grove Isle Blvd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Panama City Beach, FL
Zip
32408
Country
USA

City & State
Panama City Beach
Zip
32408
Country
USA

4. FEI Number
06-1655390

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RETFERFORD, KRISTOPHER M
109 GROVE ISLE BLVD
PANAMA CITY BEACH FL 32408**

7. Name and Address of New Registered Agent

Name **Kristopher M. Retherford**
Street Address (P.O. Box Number is Not Acceptable)
109 Grove Isle Blvd
City **Panama City Beach, FL** Zip Code **32408**

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.

(NOT: Registered Agent signature required when reinstating)

01/22/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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 **President** ☐ Delete
NAME **Kristopher M. Retherford**
STREET ADDRESS **109 Grove Isle Blvd.**
CITY-ST-ZIP **Panama City Beach, FL 32408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

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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

01/22/03 (850) 527-2861
DATE Daytime Phone #

CR2E034 (10/02)