

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90009 005 ***150.00

DOCUMENT # P02000122788

1. Entity Name

CORE CONSTRUCTION MANAGEMENT, INC.



Principal Place of Business

1981 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

Mailing Address

PO BOX 15887
TALLAHASSEE FL 32317

34038446



MOORE CR2E034 (11/03)

2. Principal Place of Business

2858 Remington Green Cir.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Tallahassee

4. FEI Number

43-1983326

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip

Country

32308

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YATES, R. RICHARD
1981 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

Name

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

2858 Remington Green Cir.

City

Tallahassee

FL

Zip Code

32308

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]

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 PD
NAME LEONARD, THOMAS
STREET ADDRESS P.O. BOX 2253
CITY-ST-ZIP DOTHAN AL 36302

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME YATA, R. RICHARD
STREET ADDRESS P.O. BOX 15887
CITY-ST-ZIP TALLAHASSEE FL 32317

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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

4/20/04

Date

Daytime Phone #