## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Sep 08, 2004 8:00 am Secretary of State **DOCUMENT # P03000006255** 09-08-2004 90119 016 \*\*\*150.00 1. Entity Name CITY CONSTRUCTION CO. INC. Principal Place of Business Mailing Address 7366 79TH STREET N 7366 79TH STREET N PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08312004 CR2E034 (10/03) Cho-P City & State 4. FEI Number Applied For City & State 59-147-4116 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEEST, JOHN H Street Address (P.O. Box Number is Not Acceptable) **7366 79TH STREET N** PINELLAS PARK, FL 33781 City 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 tate if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT TITLE ☐ Delete TITLE Addition JOHN HWEEST NAME NAME 7366 TOTH STN DINELLAS PAPE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CTTY-ST-ZIP <u>378</u> Delete Addition TILE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-7/P TITLE ☐ Delete πι£ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filling 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 often attachment with an address, with all other like empowered.

<u> 70#0</u>

SISSIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**