


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2004 8:00 am**  
**Secretary of State**

07-02-2004 90001 032 \*\*\*150.00

<b>DOCUMENT # P03000006794</b> 1. Entity Name CADE CONSTRUCTION, INC.	
---	---

Principal Place of Business 49 COLLEGE DRIVE ORANGE PARK, FL 32065 US	Mailing Address 49 COLLEGE DRIVE ORANGE PARK, FL 32065 US
---	---

**54059560**



2. Principal Place of Business 920 Fleming Street Suite, Apt. #, etc.	3. Mailing Address 920 Fleming Street Suite, Apt. #, etc.
---	---

06092004 Chg-P CR2E034 (10/03)

City & State Green Cove Springs, FL Zip 32043 County US	City & State Green Cove Springs, FL Zip 32043 County US
---	---

4. FEI Number 14-1866598	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  ROBBINS, MICHAEL D 49 COLLEGE DRIVE ORANGE PARK, FL 32065	
--	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Michael D Robbins</u> <u>Michael D Robbins President</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>4-1-04</u> (NOTE: Registered Agent signature required when reinstating)
--	--

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBBINS, MICHAEL D 49 COLLEGE DRIVE ORANGE PARK, FL 32065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WEST, JOSH 49 COLLEGE DRIVE ORANGE PARK, FL 32065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP, Sec.</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treas. Larry David Robbins</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>143 Lakeside Drive</u> <u>Kingsland, GA 31548</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Michael D Robbins</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4-1-04</u> Date	DAYTIME PHONE # <u>904-233-6086</u> Daytime Phone #
---	----------------------------	--

*Attachment*

www.sunbiz.org

**Division of Corporations**

*54059560*

**Receipt**

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P03000006794**

Tracking Number: **400038296904**

The charge for your Annual Report is  
**\$150.00**

---

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

---

**Sunbiz Home Page**

**Public Access Help**

*245-6051*