

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90007 023 ***150.00

DOCUMENT # P03000008805

1. Entity Name
LEFTWICH CONSTRUCTION, INC.



Principal Place of Business
**3529 AYRSHIRE STREET
JACKSONVILLE, FL 32226 US**

Mailing Address
**3529 AYRSHIRE STREET
JACKSONVILLE, FL 32226 US**

94003929



2. Principal Place of Business
3529 Ayrshire Street
Suite, Apt. #, etc.

3. Mailing Address
3529 Ayrshire Street
Suite, Apt. #, etc.

01092004 Chg-P CR2E034 (10/03)

City & State
Jacksonville, FL
Zip **32226** Country **US**

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Jacksonville, FL
Zip **32226** Country **US**

4. FEI Number
80-0054676
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEFTWICH, MICHELLE
3529 AYRSHIRE STREET
JACKSONVILLE, FL 32226

7. Name and Address of New Registered Agent

Name **Michele Leftwich**
Street Address (P.O. Box Number is Not Acceptable)
3529 Ayrshire Street
City **Jacksonville** FL Zip Code **32226**

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 **Michele Leftwich**

1-9-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LEFTWICH, ANTHONY W**
STREET ADDRESS **3529 AYRSHIRE ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE **ST** ☐ Delete
NAME **LEFTWICH, MICHELE M**
STREET ADDRESS **3529 AYRSHIRE ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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: **Michele Leftwich**

1-9-04 (904) 962-1216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #