2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State
03-24-2005 90024 004 ***150.00

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1. Entity Name
MCCURTER'S CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
~~1022 SE BYWOOD AVENUE~~ ~~FORT PIERCE~~, FL 34983	~~1022 SE BYWOOD AVENUE~~ ~~FORT PIERCE~~, FL 34983

03022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
762 SE Elwood Ave	762 SE Elwood Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pt St Lucie FL	City & State: Pt St Lucie FL
Zip: 34983 Country: USA	Zip: 34983 Country: USA

4. FEI Number: 30-0147233 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCURTER, JIMMIE JR.
1022 SE BYWOOD AVENUE
FORT PIERCE, FL 34983

7. Name and Address of New Registered Agent

Name: Jimmie McCurter JR
Street Address (P.O. Box Number is Not Acceptable): 762 SE Elwood Ave
City: Pt St Lucie FL Zip Code: 34983

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	MCCURTER, JIMMIE JR.	
STREET ADDRESS	1022 SE BYWOOD AVENUE	
CITY-ST-ZIP	FORT PIERCE, FL 34983	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
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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		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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] Jimmie D. McCurter 3-21-05 772 216-1391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #