


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90029 039 ***150.00

DOCUMENT # P03000017469 1. Entity Name SCHUPP CONSTRUCTION, INC.					
Principal Place of Business 8002 COPELAND ROAD ODESSA FL 33556-3212				Mailing Address 8002 COPELAND ROAD ODESSA FL 33556-3212	
2. Principal Place of Business Suite, Apt. #, etc. 17507 MARSH ROAD				3. Mailing Address Suite, Apt. #, etc. 17507 MARSH ROAD	
City & State Lutz, Florida				City & State Lutz, Florida	
Zip 33558		Country U.S.A. Hillsborough		4. FEI Number 65-1186386 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHUPP, JOSEPH G 8002 COPELAND ROAD ODESSA FL 33556-3212				7. Name and Address of New Registered Agent Name Schupp, Joseph G. Street Address (P.O. Box Number is Not Acceptable) 17507 MARSH ROAD City Lutz FL Zip Code 33558	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUPP, JOSEPH G 8002 COPELAND ROAD ODESSA FL 33556-3212 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schupp, Joseph G. 17507 MARSH ROAD Lutz, Florida 33558 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUPP, ANNE 8002 COPELAND ROAD ODESSA FL 33556-3212 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schupp, Anne 17507 MARSH ROAD Lutz, Florida 33558 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-10-05 (813)- Daytime Phone # 960-3334		