

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000025205

1. Entity Name
MCCOY & SON SOD TRUCKING & LANDSCAPING INC.



FILED

05 JAN 14 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3657 HIGHLAND AVENUE
FORT MYERS, FL 33916 US

Mailing Address
3657 HIGHLAND AVENUE
FORT MYERS, FL 33916 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11102004 REIN.P CR2E098 (6/04)

REINSTATEMENT
59-3746012

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

6. Name and Address of Current Registered Agent

BERTHIAUME AND SHERMAN, P.A.
6361 PRESIDENTIAL COURT
A
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name: STACY L. SHERMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable): 3613 DEL PRADO BLVD
City: CAPE CORAL FL Zip Code: 33910

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

Stacy L. Sherman, President

(NOTE: Registered Agent signature required when reinstating)

12-27-04

11 January 2005

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: MCCOY, ELIJAH
STREET ADDRESS: 3657 HIGHLAND AVENUE
CITY-ST-ZIP: FORT MYERS, FL 33916 ☐ Delete

TITLE: VP
NAME: MCCOY, ABRAHAM
STREET ADDRESS: 3655 HIGHLAND AVENUE
CITY-ST-ZIP: FORT MYERS, FL 33916 ☐ Delete

TITLE: SEC
NAME: MCCOY, SHIRLEY
STREET ADDRESS: 3761 MINNESOTA DRIVE
CITY-ST-ZIP: FORT MYERS, FL 33916 ☐ Delete

TITLE: SEC
NAME: MCCOY, RICHARD
STREET ADDRESS: 3657 HIGHLAND AVENUE
CITY-ST-ZIP: FORT MYERS, FL 33916 ☐ Delete

TITLE: TREA
NAME: MCCOY, ELIJAH
STREET ADDRESS: 3657 HIGHLAND AVENUE
CITY-ST-ZIP: FORT MYERS, FL 33916 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: 200043724802 ☐ Change ☐ Addition
NAME: 12/30/04--01003--021 **750.00
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: 100044769241 ☐ Change ☐ Addition
NAME: 01/14/05--01024--002 **150.00
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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:

Abraham McCoy-Shirley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11 January 2005 (239)
Daytime phone #: 62390401791

C-V-P