

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90028 014 ***150.00

DOCUMENT # P03000059151

1. Entity Name

DAVID J HUDSON, JR. CONSTRUCTION, INC.



Principal Place of Business

1832 SAN DOLLAR CIRCLE
PENSACOLA FL 32504

Mailing Address

1832 SAN DOLLAR CIRCLE
PENSACOLA FL 32504

34012937



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36450 8239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, JUDY M
807 WEST GARDEN ST
PENSACOLA FL 32501

Name **MARY CHAMPITTO**

Street Address (P.O. Box Number is Not Acceptable)

5113 N. DAVIS HWY STE 5

City

PENSACOLA, FL

FL

Zip Code

32503

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

MARY CHAMPITTO

Signature, typed or printed name of registered agent and title if applicable.

Mary Champitto

(NOTE: Registered Agent Signature required when reinstating)

2/4/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HUDSON, DAVID J JR**
STREET ADDRESS **1832 SAN DOLLAR CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE ☐ Delete
NAME **TREA VAUGHN, YVONNE**
STREET ADDRESS **1832 SAN DOLLAR CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **Vaughn, Myria EVON**
STREET ADDRESS **SAME ADDRESS**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Myria E Don Vaughn

Myria EVON Vaughn

2-4-04

850 479 8220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #