

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2004 91236 048 ***150.00

DOCUMENT # P03000103015

1. Entity Name

SITEWORKS OF SOUTH FLORIDA, INC.



Principal Place of Business

2905 S. FED. HWY
STE C-1
DELRAY BEACH FL 33483

Mailing Address

2905 S. FED. HWY
STE C-1
DELRAY BEACH FL 33483

66427716



MOORE CR2E034 (11/03)

2. Principal Place of Business

2915 S. FEDERAL HWY

Suite, Apt. #, etc.

D-3

City & State

3. Mailing Address

2915 S. FEDERAL HWY

Suite, Apt. #, etc.

D-3

City & State

4. FEI Number

20-0259938

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAL, GARY G
2905 S. FED. HWY
STE C-1
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name BAL, GARY G

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

2915 S. FEDERAL HWY

SUITE D-3

City DELRAY BEACH

FL

Zip Code 33483

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]

4/30/04

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, 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

TITLE PST
NAME BAL, GARY G
STREET ADDRESS 2905 S. FED. HWY STE C-1
CITY-ST-ZIP DELRAY BEACH FL 33483

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 2915 S. FEDERAL HWY SUITE D-3
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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:

[Signature]

GARY G. BAL, PRESIDENT 4/29/04 904-414-4002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #