

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000123116

1. Entity Name
SPECIALITY CONTRACTING OF JACKSONVILLE, INC.



FILED
04 - OCT 28 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4560-A RACETRACK ROAD
JACKSONVILLE, FL 32259

Mailing Address
4560-A RACETRACK ROAD
JACKSONVILLE, FL 32259

2. Principal Place of Business
4040 Woodcock Drive

3. Mailing Address
4040 Woodcock Drive

Suite, Apt. #, etc.
Suite 202

Suite, Apt. #, etc.
Suite 202

10262004 Chg-P CR2E034 (10/03)

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number
20-0374258

Applied For
Not Applicable

Zip
32207

Country
Duval

Zip
32207

Country
Duval

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

6. Name and Address of Current Registered Agent

ROTHENBERG, ELIE
4560-A RACETRACK ROAD
JACKSONVILLE, FL 32259

7. Name and Address of New Registered Agent

Name
B. Thomas Whitefield
Street Address (P.O. Box Number is Not Acceptable)
Morford & Whitefield, P.A.
4040 Woodcock Drive, Suite 202
City
Jacksonville FL Zip Code
32207

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

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME ROTHENBERG, ELIE
STREET ADDRESS 4560-A RACETRACK ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, President ☒ Change ☐ Addition
NAME Marla Rothenberg-Saphira
STREET ADDRESS 4040 Woodcock Drive, Suite 202
CITY-ST-ZIP Jacksonville, Florida 32207

TITLE ☐ Change ☐ Addition
NAME 800042284768
STREET ADDRESS 10/28/04--01048--010 **\$61.25
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/04

Date

(804) 396 5880

Daytime Phone #