2005 FOR PROFIT CONTRACTION ANNUAL RESERT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000133366 1. Entity Name DAVE CONKLIN CONSTRUCTION, INC.					Secr	etary of State
1	e of Business IWOOD GLEN RD. 32724	Mailing Address 1125 GREENWOOD GLEN RD. DELAND, FL 32724				
			es e			
	O NOT WRITE	CE	04252005 No	Chg-P CF	R2E034 (10/03)	
}				20-0303208		Not Applicable
				5. Certificate of Status	s Desired 🔲	Fee Required
	6. Name and Address of Current Re	<u></u>		==- ==	XX Company	
CONKLIN, DAVID 1125 GREENWOOD GLEN RD. DELAND, FL 32724			IN THIS SPACE			
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.	DAVID CONICL IN Signature, typed or printed name of registered agent and	d Agent signature required		1625 2	WE .	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND DI	RECTORS			****	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CONKLIN, DAVID 1125 GREENWOOD GLEN RD. DELAND, FL 32724					adag are all constraints
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONKLIN, DANIEL 1125 GREENWOOD GLEN RD. DELAND, FL 32724			04.	= 00000034 /29/05-80	3509 1098-010 150.00
TITLE	· · · · · · · · · · · · · · · · · · ·			<u> </u>	——	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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:

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 25 2005

DO NOT WRITE

IN THIS SPACE

Daytime Phone #