

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000146296

1. Entity Name
DAVID B. DRENGA CONTRACTING, INC.



FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90032 030 ***158.75

Principal Place of Business
**4617 DOWLING CIRCLE
COCOA, FL 32927 US**

Mailing Address
**4617 DOWLING CIRCLE
COCOA, FL 32927 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282004

Chg-P

CR2E034 (10/03)

4. FEE Number

1-3-16-8-9-74-0

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DRENGA, DAVID B
4617 DOWLING CIRCLE
COCOA, FL 32927**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DRENGA, DAVID B**
STREET ADDRESS **4617 DOWLING CIRCLE**
CITY-ST-ZIP **COCOA, FL 32927**

TITLE **VP** ☐ Delete
NAME **BARBOSA, GENE C**
STREET ADDRESS **982 MACCO ROAD**
CITY-ST-ZIP **COCOA, FL 32927**

TITLE **S/T** ☐ Delete
NAME **RAMOS, MICHAEL T**
STREET ADDRESS **987 GOLF STREET**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

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

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

TITLE ☐ Change ☐ Addition
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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: David B. Drenga **March 30, 04** **321-446-0751**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #