Servimaster&Advantage Cle

FILED

2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 09, 2005 8:00 am Secretary of State 09-09-2005 90033 009 ***550.00 **DOCUMENT # P03000149612** CHRISTOPHER C. BARGAINEER CONCRETE CONSTRUCTION INC 50066141 Principal Place of Business Mailing Address 6550 BUD JOHNSON RD 6550 BUD JOHNSON RD PENSACOLA, FL 32505 PENSACOLA, FL 32505 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09072005 Cha-P CR2E034 (10/03) 4. FEI Number 59-3752576 City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARGAINEER, CHRISTOPHER C Street Address (P.O. Box Number is Not Acceptable) 6550 BUD HOHNSON RD PENSACOLA, FL 32505 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 primare pame of registered agent and title if supplication. (NOTE: Registered Agent signature required whon remistaling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete BARGAINEER, CHRISTOPHER C NAME NAME STREET ADDRESS 6550 BUD JOHNSON RD STREET ADDRESS PENSACOLÁ, FL 32505 CITY-ST-ZP CITY-ST-ZP VP ☐ Change វារា F ☐ Octobe THE Addition BARGAINEER, RUSSELL NAME STREET ADDRESS 1200 RULE ST 1115 Continental Drive STREET ADDRESS PENSACOLA FL 32506 32506 CITY-ST-ZP COY-ST-ZP ☐ Delete mie TITLE Change Addition BARGAINEER, DEWAYNE NAME: NAME 6590 BUD JOHNSON RD STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32505 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Chargoe □ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Defete TITLE Addition ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TRE ☐ Oclete TITLE ☐ Change Addition NAME STPEET ADDRESS STREET ADDRESS CITY-57-2/2 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this roport or supplemental report is true and excurate 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: Chalath C Bustonia Officer On