2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Sep 03, 2004 8:00 am Secretary of State **DOCUMENT # P03000151266** 1. Entity Name 09-03-2004 90006 005 ***150.00 BRADLEY PINKERTON CONSTRUCTION INC. Principal Place of Business. Mailing Address Syccoura 234 GREENBRIER CIRCLE N.E. 234 GREENBRIER CIRCLE N.E. FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32547 2. Principal Place of Business 3. Mailing Address 234 GREENBRIER CIR. N.E GREENBRIER CIR Suite. Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State 4. FEI Number Applied For BCH LUPITUL WALTO 010768316 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YINKERTUR! -PINKERTON, BRADLEY-J Street Address (P.O. Box Number is Not Acceptable) 234 GREENBRIER CIRCLE N.E. FT. WALTON BEACH FL 32547 CORFENBILLER N.E. CIR. Zip Code **32.5** 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 \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE ☐ Delete TITLE ☐ Change Addition PINKERTON, BRADLEY J NAME NAME 234 GREENBRIER CIRCLE N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH FL 32547 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

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