## **2008 FOR PROFIT CORPORATION**

## ANNUAL REPORT (AR) DOCUMENT # P03000151892 1. Entity Name



## **FILED** Mar 12, 2008 08:00 A

ARMSTR	ONG & SON CONSTRUCTI	ION, INC.		Secret	ary oi Stat	
Principal Place of Business 715 100TH AVE N NAPLES FL 34108 US		Mailing Address 715 100TH AVE N NAPLES FL 34108 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Addrass			(95) (8((5 (9)(5 (19)6-9) (1 (95)	
Suite, Apt. #. etc.		Suite, Apt #, etc.		1st MOORE CR2E034	(10/07)	
City & State		City & State		4. FEI Number 13-4271510	Applied For Not Applicable	
Zιp	Country	Country Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
ARMSTRONG, MARK				Name		
715 100TH AVE N NAPLES FL 34108			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code	
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida. I am fa	amiliar with, and accept	
SIGNATURE	Sanature, typed or distred harm of rog stored ane-	ertany/cre-franciscolor (fkG*E	Registered Agentic qualum requ	ukea way relegatili gt DATE		
dia ii After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.0 k Payable to Florida Department	00 AC DO		9. Election Campaign Financii Trust Fund Contribution	\$5.00 May Be Added to Fees	
10.	OFFICERS ANI	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	P	☐ Derete	TITLE		Change Addition	
NAME	ARMSTRONG, MARK E	—	NAME		_ , _	
STREET ADDRESS	715 100TH AVE N		STREET ADDRESS	U00000854716		
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP	03/27/08-80020-0	16 150.00	
TITLE		☐ De-ele	TITLE	4 1111	☐ Change ☐ Addition	
NAME			NAME		_ • _	
STREET ADDRESS			STREET ADDRESS			
SHY-S1-7/P			CITY ST-7IP			
TOLE	1.7	☐ Darete	IITLE		☐ Change ☐ Addition	
MAME			NAME		_ , _	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		ĺ	
TITLE		☐ Darete	TOTALE		Change Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CHY-SI-ZIP			
TITLE		☐ De <sup>;</sup> ete	TITLE		☐ Change ☐ Addition	
HAME		Dr. Cit	NAME		,	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-S1-ZIP			
TITLE		☐ De etc	ππε		☐ Change ☐ Addition	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 altrachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET APPRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08

239-591-8260