

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90034 045 ***150.00

DOCUMENT # P03000154297

1. Entity Name

LLOYD BABB'S CONSTRUCTION, INC.



Principal Place of Business

1450 E. MINNESOTA AVENUE
ORANGE CITY FL 32763

Mailing Address

1450 E. MINNESOTA AVENUE
ORANGE CITY FL 32763

24032000

2. Principal Place of Business

1450 East Minnesota Ave / 1450 E. Minnesota Ave

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Orange City

City & State

Florida

4. FEI Number

45-0531382

Applied For

Not Applicable

Zip

32763

Country

Polusia

Zip

Same

Country

Same

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BABB, LLOYD L
1450 E. MINNESOTA AVENUE
ORANGE CITY FL 32763

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME BABB, LLOYD L
STREET ADDRESS 1450 E. MINNESOTA AVENUE
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

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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: *Lloyd L Babb*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

386-775-3865

Daytime Phone #