

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90322 044 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000154555

1. Entity Name
M & Z CONSTRUCTION COMPANY OF PENSACOLA, INC.



Principal Place of Business
**6750 MALVERN STREET
PENSACOLA, FL 32506**

Mailing Address
**6750 MALVERN STREET
PENSACOLA, FL 32506**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

56-2414757

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREIFZU, GLEN ELDON JR
5909 CHICAGO AVENUE
PENSACOLA, FL. 32526**

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 PSD
NAME GREIFZU, GLEN ELDON JR
STREET ADDRESS 5909 CHICAGO STREET
CITY-ST-ZIP PENSACOLA, FL 32526 ☐ Delete

TITLE V
NAME ALGER, MICHAEL LYNN
STREET ADDRESS 2221 CREIGHTON ROAD
CITY-ST-ZIP PENSACOLA, FL 32504 ☐ Delete

TITLE TD
NAME ABRAMS, TYRONE
STREET ADDRESS 1311 RIO GRANDE DRIVE
CITY-ST-ZIP PENSACOLA, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

950/112-4384

Daytime Phone #