

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000158487**

1. Entity Name  
**MICHAEL CRIBBS CONSTRUCTION COMPANY, INC.**



Principal Place of Business      Mailing Address  
**732 RIDGE RD**      **732 RIDGE RD**  
**PENSACOLA, FL 32514**      **PENSACOLA, FL 32514**



01312005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**68-0577700**

Applied For  
Not Applicable

5. Certificate of Status Desired      ☐      **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CRIBBS, MICHAEL F**  
**732 RIDGE RD**  
**PENSACOLA, FL 32514**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.      ☐      **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CRIBBS, MICHAEL F
STREET ADDRESS	732 RIDGE RD
CITY- ST- ZIP	PENSACOLA, FL 32514
TITLE	ST
NAME	CRIBBS, PAMELA J
STREET ADDRESS	732 RIDGE RD
CITY- ST- ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/13/05-80090-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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: Michael F. Cribbs  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05 (950) 516-1545  
Date Daytime Phone #