

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000002139

1. Entity Name

MICHAEL E. COUNTS GENERAL CONTRACTOR, INC.



FILED

Feb 29, 2008 08:00 AM
Secretary of State



Principal Place of Business
8527 SE 71 AVE
OCALA FL 34472

Mailing Address
8527 SE 71 AVE
OCALA FL 34472

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-1196859

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COUNTS, MICHAEL E
8527 SE 71 AVE
OCALA FL 34472

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 remitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUNTS, MICHAEL E PRES 8527 SE 71 AVE OCALA FL 34472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0000000843675 03/12/08-80005-003 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC COUNTS, SANDRA L SEC/TR 8527 SE 71 AVE OCALA FL 34472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 attachment with an address, with all other like empowered.

SIGNATURE:

Michael E. Counts 2/15/08 352-427-5061
Signature and Typed or Printed Name of Signing Officer or Director