

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

04-28-2005 90178 047 ***150.00

DOCUMENT # P04000005763 1. Entity Name CHAD KOEWERS CONSTRUCTION, INC.																																																					
Principal Place of Business 2992 N. 38TH AVE. MILTON, FL 32583			Mailing Address 2992 N. 38TH AVE. MILTON, FL 32583																																																		
2. Principal Place of Business 5234 San Miguel Suite, Apt. #, etc.		3. Mailing Address 5234 San Miguel Suite, Apt. #, etc.																																																			
City & State Milton FL Zip 32583		City & State Milton FL Zip 32583		4. FEI Number 20-0575164																																																	
Country Santa Rosa		Country Santa Rosa		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent KOEWEERS, CHAD 2992 N. 38TH AVE. MILTON, FL 32583				7. Name and Address of New Registered Agent Name Koewers Chad Street Address (P.O. Box Number is Not Acceptable) 5234 San Miguel City Milton FL Zip Code 32583																																																	
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 <i>Chad Koewers</i> 4-15-05 Signature, typed or printed name of registered agent and "not applicable" (NOTE: Registered Agent Signature required when remaining) DATE																																																					
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																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 20%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 50%;"> P KOEWERS, CHAD 2992 N. 38TH AVE. MILTON, FL 32583 </td> <td style="width: 10%; text-align: center;">☐ Delete</td> <td style="width: 20%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 50%;"> P Koewers Chad 5234 San Miguel Milton FL 32583 </td> <td style="width: 10%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr><td> </td><td> </td><td style="text-align: center;">☐ Delete</td><td> </td><td> </td><td style="text-align: center;">☐ Change ☐ Addition</td></tr> <tr><td> </td><td> </td><td style="text-align: center;">☐ Delete</td><td> </td><td> </td><td style="text-align: center;">☐ Change ☐ Addition</td></tr> <tr><td> </td><td> </td><td style="text-align: center;">☐ Delete</td><td> </td><td> </td><td style="text-align: center;">☐ Change ☐ Addition</td></tr> <tr><td> </td><td> </td><td style="text-align: center;">☐ Delete</td><td> </td><td> </td><td style="text-align: center;">☐ Change ☐ Addition</td></tr> <tr><td> </td><td> </td><td style="text-align: center;">☐ Delete</td><td> </td><td> </td><td style="text-align: center;">☐ Change ☐ Addition</td></tr> <tr><td> </td><td> </td><td style="text-align: center;">☐ Delete</td><td> </td><td> </td><td style="text-align: center;">☐ Change ☐ Addition</td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOEWERS, CHAD 2992 N. 38TH AVE. MILTON, FL 32583	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Koewers Chad 5234 San Miguel Milton FL 32583	☒ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition
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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)(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: <i>Chad Koewers</i> 4-15-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																					

66019570



02022005 Chg-P CR2E034 (10/03)

Applied For ☐ Not Applicable

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

SIGNATURE *Chad Koewers*

(NOTE: Registered Agent Signature required when remaining)

DATE

**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**

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