

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90022 017 ***158.75

DOCUMENT # P04000007957

1. Entity Name
TOM STEPHENS CONSTRUCTION, INC.



Principal Place of Business

300-2 S.R. 26
MELROSE, FL 32666

Mailing Address

300-2 S.R. 26
MELROSE, FL 32666

54020134



2. Principal Place of Business

300-2 S.R. 26

Suite, Apt. #, etc.

3. Mailing Address

300-2 S.R. 26

Suite, Apt. #, etc.

03182004

Chg-P

CR2E034 (10/03)

City & State

MELROSE FL

City & State

MELROSE FL

4. FEI Number

36-4461884

Applied For

Not Applicable

Zip

32666

Country

USA

Zip

32666

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EHRENREICH, SHARON W

300-2 S.R. 26 303 S.R. 26
MELROSE, FL 32666

*** ADDRESS CORRECTION**

7. Name and Address of New Registered Agent

Name **EHRENREICH, SHARON W.**

Street Address (P.O. Box Number is Not Acceptable)

303 S.R. 26

City

MELROSE

FL

Zip Code

32666

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 **D** ☐ Delete

NAME **STEPHENS, TOM**

STREET ADDRESS **300-2 S.R. 26**

CITY-ST-ZIP **MELROSE, FL 32666**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T/S** ☐ Change ☒ Addition

NAME **LOIS STEPHENS**

STREET ADDRESS **102 HOTEL ST.**

CITY-ST-ZIP **MELROSE FL 32666**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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 **THOMAS STEPHENS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04 352.475.2914

Date

Daytime Phone #