

2005 FOR PROFIT CORPORATION ANNUAL REPORT

02-15-2005 90023 048 ***150.00
FILED P04000009307
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -3 AM 9:10

DOCUMENT # P04000009307

1. Entity Name
R & S CONSTRUCTION MANAGEMENT, INC.



Principal Place of Business
6526 EAST ANNA JO DR.
INVERNESS, FL 34452

Mailing Address
6526 EAST ANNA JO DR.
INVERNESS, FL 34452

50015503



02102005 Chg-P CR2E034 (10/03)

4. FEI Number
900136672 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOVACH, MICHAEL T
106 N. OSCEOLA AVE.
INVERNESS, FL 34450

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	REMEK, RUSSELL R	
STREET ADDRESS	750 SW 64 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33023	
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	☐ Change ☒ Addition
NAME	John Segars	
STREET ADDRESS	6526 E. Anna Jo Drive	
CITY-ST-ZIP	Inverness, FL 34452	
TITLE	VP	☐ Change ☒ Addition
NAME	Jeff Segars	
STREET ADDRESS	6526 E. Anna Jo Drive	
CITY-ST-ZIP	Inverness, FL 34452	
TITLE	DP	☒ Change ☐ Addition
NAME	Russell R. Remek	
STREET ADDRESS	12535 E. Trails End Road	
CITY-ST-ZIP	Floral City, FL 34436	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-05

Date

Daytime Phone #