## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # P04000016594** 04-27-2005 90311 002 \*\*\*150.00 ERNEST RUSSELL GENERAL CONTRACTOR, INC. Principal Place of Business Mailing Address **460 OCEAN BOULEVARD 460 OCEAN BOULEVARD** ATLANTIC BEACH, FL 32233 ATLANTIC BEACH, FL 32233 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 42-1636750 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUSSELL, ERNEST L JR Street Address (P.O. Box Number is Not Acceptable) **460 OCEAN BOULEVARD** ATLANTIC BEACH, FL 32233 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 reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUSSELL, ERNEST L JR. NAME NAME **460 OCEAN BOULEVARD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH, FL 32233 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP TITL F Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED