

2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-11-2005 90306 046 ***150.00
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SEC. OF STATE
TALLAHASSEE, FLORIDA
90050803

DOCUMENT # P04000026369 1. Entity Name ARTICULATE CONSTRUCTION, INC					
Principal Place of Business 35140 QUEENS WAY FRUITLAND PARK, FL 34731			Mailing Address 35140 QUEENS WAY FRUITLAND PARK, FL 34731		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEE Number 20-0725250			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KENT, THOMAS A JR 35140 QUEENS WAY FRUITLAND PARK, FL 34731			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 reappointing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS KENT, THOMAS A JR 35140 QUEENS WAY FRUITLAND PARK, FL 34731		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARZ, WILLIAM C 8150 TREASURE ISLAND RD LEESBURG, FL 34788		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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			Date 3-5-05 Daytime Phone # 352-2623		



Licensed and Insured

8150 Treasure Island Road
Leesburg, FL 34788
(352) 314-9200

"Clearly the Best Choice"

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September 21, 2005
ATTN: Reinstatement

We (Articulate Construction, Inc.) are sending you our tax I. D. #
20-0725250. Per our telephone conversation September 21st, 2005.

As you requested due to the fact we did not receive your correspondences
Requiring this I. D. # to keep our corporation in ACTIVE status.

Thank you for your prompt response.

Articulate Construction Inc.

A handwritten signature in black ink, appearing to read "William Schwarz", written over a horizontal line.

William Schwarz