

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90178 043 ***150.00

DOCUMENT # P04000026516

1. Entity Name
O TOWN CONTRACTING INC.



Principal Place of Business
**1873 NE 3RD STREET
OKEECHOBEE, FL 34972**

Mailing Address
**1873 NE 3RD STREET
OKEECHOBEE, FL 34972**

50022158

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

81-0645272

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, SYLVESTER
1873 NE 3RD STREET
OKEECHOBEE, FL 34972**

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

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, 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 **P** ☐ Delete
NAME **BUTLER, SYLVESTER**
STREET ADDRESS **1873 NE 3RD STREET**
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

7-28-05 863-763-9427

ATTACHMENT

50022158



Florida Profit**O TOWN CONTRACTING INC.**

PRINCIPAL ADDRESS1873 NE 3RD STREET
OKEECHOBEE FL 34972

MAILING ADDRESS1873 NE 3RD STREET
OKEECHOBEE FL 34972

Document Number
P04000026516**State**
FL**FEI Number**
NONE**Status**
ACTIVE**Date Filed**
02/03/2004**Effective Date**
NONE

Registered Agent

Name & Address
BUTLER, SYLVESTER 1873 NE 3RD STREET OKEECHOBEE FL 34972

Officer/Director Detail

Name & Address	Title
BUTLER, SYLVESTER 1873 NE 3RD STREET OKEECHOBEE FL 34972	P

Annual Reports

Report Year	Filed Date
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No Events

No Name History Information

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