

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90172 029 ***158.75

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1. Entity Name
MOTES DESIGN AND CONSTRUCTION, INC.



Principal Place of Business
**3865 CURRY RD.
ST. AUGUSTINE, FL 32092**

Mailing Address
**3865 CURRY RD.
ST. AUGUSTINE, FL 32092**

40040040



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0913965

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOTES, WILLIAM L
3865 CURRY RD.
ST. AUGUSTINE, FL 32092**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	MOTES, WILLIAM L
STREET ADDRESS	3865 CURRY RD.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092
TITLE	V
NAME	CORNETT, PRESTON L
STREET ADDRESS	520 PROSPERITY LAKE DR.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	VP
NAME	Mark Jason Stroger
STREET ADDRESS	109 Cedar Creek Road
CITY-ST-ZIP	Palatka, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/27/06

Date

904.591.3278

Daytime Phone #