

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122510

FILED  
Mar 09, 2005  
Secretary of State

Entity Name: FLINT AND DOYLE STRUCTURAL MOVERS INC.

**Current Principal Place of Business:**

3801 DR. MARTIN LUTHER KING BLVD  
FT MYERS, FL 33916 US

**New Principal Place of Business:**

**Current Mailing Address:**

3801 DR. MARTIN LUTHER KING BLVD  
FT MYERS, FL 33916 US

**New Mailing Address:**

FEI Number: 51-0521397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DOYLE, THOMAS F III  
3801 DR. MARTIN LUTHER KING BLVD  
FT MYERS, FL 33916 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DOYLE, THOMAS F III  
Address: 3801 DR. MARTIN LUTHER KING BLVD  
City-St-Zip: FT MYERS, FL 33916 US

Title: D ( ) Delete  
Name: FLINT, CHARLES W JR  
Address: 3801 DR. MARTIN LUTHER KING BLVD  
City-St-Zip: FT MYERS, FL 33916 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: DOYLE, THOMAS F III  
Address: 3801 DR. MARTIN LUTHER KING BLVD  
City-St-Zip: FT MYERS, FL 33916 US

Title: DV (X) Change ( ) Addition  
Name: FLINT, CHARLES W JR  
Address: 3801 DR. MARTIN LUTHER KING BLVD  
City-St-Zip: FT MYERS, FL 33916 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F DOYLE III

DPT

03/09/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date