


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90062 015 \*\*\*550.00

**DOCUMENT # P04000140269**

1. Entity Name  
**SOUTH FLORIDA CONSULTING & CONSTRUCTION MANAGEMENT, INC.**



Principal Place of Business: **20071 SANIBEL VIEW CIRCLE UNIT 102 FORT MYERS, FL 33908**

Mailing Address: **20071 SANIBEL VIEW CIRCLE UNIT 102 FORT MYERS, FL 33908**

**50062736**



2. Principal Place of Business: **9950 ROOKERY CIRCLE**

3. Mailing Address: **9950 ROOKERY CIRCLE**

Suite, Apt. #, etc.

08162005 Chg-P CR2E034 (10/03)

City & State: **ESTERO FLORIDA**

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Zip: **33928** Country: **USA**

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4. FEI Number: **51-0527639**

Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANKINS, STEVEN R**  
**20071 SANIBEL VIEW CIRCLE**  
**UNIT 107**  
**FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): **9950 ROOKERY CIRCLE**

City: **ESTERO**

State: **FL** Zip Code: **33928**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HANKINS, STEVEN R</b> <b>20071 SANIBEL VIEW CIRCLE, UNIT 102</b> <b>FORT MYERS, FL 33908</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>9950 ROOKERY CIRCLE</b> <b>ESTERO FLORIDA 33928</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Steven R Hankins* **8-17-05** **239-243-5537**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #