

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90486 014 ***150.00

DOCUMENT # P04000144421 1. Entity Name MOM & ME CONSTRUCTION, INC.					
Principal Place of Business 641 11TH STREET SW NAPLES, FL 34117 US			Mailing Address 641 11TH STREET SW NAPLES, FL 34117 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-2653153 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01052005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent CAMPOS, MELISSA 641 11TH STREET SW NAPLES, FL 34117			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's signature is required when mandating) _____ 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	P CAMPOS, MELISSA 641 11TH STREET SW NAPLES, FL 34117	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	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)(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: <u>Melissa Campos</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/29/05</u> Daytime Phone #: <u>239-253-8237</u>			