

(MON) APR 21 2008

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90386 007 ***150.00

DOCUMENT # P05000121501		
1. Entity Name SCRIBNER CONTRACTING OF SOUTH FLORIDA, INC.		
Principal Place of Business 8270 E BURNING STONE ROAD PUNTA GORDA, FL 33950	US	Mailing Address 8270 E. BURNING STONE Rd. 1235 RIDING ROCKS LANE PUNTA GORDA, FL 33950



03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3406205	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BENNETT, DOROTHY M
2421 SHREVE STREET
SUITE 115
PUNTA GORDA, FL 33950

**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 of appointment.

(Note: Registered Agent signature required when "Evolving")

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐

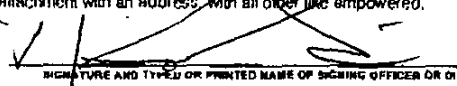
\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	SCRIBNER, RONALD E JR. 1235 RIDING ROCKS LANE PUNTA GORDA, FL 33950
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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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

Prep.

4/24/08

941-637-1128

Employee phone #