

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90038 024 ***150.00

DOCUMENT # P06000001415

1. Entity Name

MANGRUM CONSTRUCTION INC.



Principal Place of Business

634 SE MAYHALL TERR
LAKE CITY FL 32025

Mailing Address

634 SE MAYHALL TERR
LAKE CITY FL 32025



2. Principal Place of Business - No P.O. Box #

370 SE, CRAIG AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2103

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Lake City Florida

Zip
32025

Country
US

City & State

Lake City Florida

Zip
32056-2103

Country
US

4. FEI Number

20-4047573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANGRUM, DAVID E
634 SE MAYHALL TERRACE
LAKE CITY FL 32025

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

David E Mangrum

Signature, typed or printed name of registered agent and CEO (if applicable)

(NOTE: Registered Agent signature required when resigning)

01-28-08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MANGRUM, DAVID E ☐ Delete
STREET ADDRESS 634 SE MAYHALL TERR
CITY-STATE-ZIP LAKE CITY FL 32025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

David E Mangrum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08

Date

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