

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # **PD7000120007**
1. Entity Name
**E+L CONSTRUCTION COMPANY
OF SOUTH FLORIDA, INC.**



11 JUN 28 AM 3:01

RECEIVED STATE
TALLAHASSEE

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

2600 NW 118 DR.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

CORAL SPRINGS, FL

City & State

4. FEI Number

15-0580264

Applied For

Not Applicable

Zip

33065

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

A. LAWRENCE WEBB

Street Address (P.O. Box Number is Not Acceptable)

2600 NW 118th DRIVE

City

CORAL SPRINGS

FL

Zip Code

33065

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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

A. Lawrence Webb

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

(NOTE: Registered Agent signature required when re-instating)

6-7-2011

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

LARRYWEBB.WEBB@GMAIL.COM

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT

A. LAWRENCE WEBB

2600 NW 118 DR

CORAL SPRINGS, FL 33065

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VICE PRESIDENT

ANNA M. DIVIETRO

2600 NW 118th DRIVE

CORAL SPRINGS, FL 33065

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000207473660
05/10/11--01011--019 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

A. Lawrence Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-2011

DATE

Daytime Phone #

12800