

2008 FOR PROFIT CORPORATION ANNUAL REPORT (A)

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90002 007 ***150.00

DOCUMENT # P07000135436

1. Entity Name

C & O HOUSING UNLIMITED CONSTRUCTION, INC.



Principal Place of Business

100 WESSEX ROAD
ALTAMONTE SPRINGS FL 32714

Mailing Address

100 WESSEX ROAD
ALTAMONTE SPRINGS FL 32714

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Filing Number

20-1611365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCARBOROUGH, OLA
3411 FITZGERALD DRIVE
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name

Hardrick Enterprises Corp

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

918 Wooden Blvd

City

Orlando

FL

Zip Code

32805

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

09/03/08

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CFOD	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, OLA	
STREET ADDRESS	3411 FITZGERALD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	COOD	<input type="checkbox"/> Delete
NAME	EBANKS, COSMORE	
STREET ADDRESS	3411 FITZGERALD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	CEOC	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, SANDRA	
STREET ADDRESS	2924 NW 56TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] OLA Scarborough

Date

Daytime Phone #

09/03/08