

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P30283-

1. Entity Name
**CONTRACTORS PILING AND MATERIALS LIMITED,
INCORPORATED**



Principal Place of Business
**13195 GULF LANE, APT. 502
MADEIRA BEACH, FL 33708**

Mailing Address
**13195 GULF LANE, APT. 502
MADEIRA BEACH, FL 33708**



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3022847

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOHNSON, BRIAN E.
7190 SEMINOLE BLVD.
SEMINOLE, FL 34642**

**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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000115034
04/16/04-800009-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
CLARKE, FRANK T.
13195 GULF LANE, #502
MADEIRA BEACH, FL**

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Frank T. Clarke **FRANK T. CLARKE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13/04 **APRIL 13/04** or *4/16* **4/16** *397-1715* **397-1715** *742-8880* **742-8880**

Date

Daytime Phone #