

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90003 013 ***150.00

DOCUMENT # P93000056805

1. Entity Name

JULIAN SCAFF CONSTRUCTION, INC.



Principal Place of Business

4917 RATLIFF RD
CALLAHAN FL 32011
US

Mailing Address

4917 RATLIFF RD
CALLAHAN FL 32011
US

2. Principal Place of Business

43457 RATLIFF Rd

Suite, Apt. #, etc.

3. Mailing Address

43457 RATLIFF Rd.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Callahan, FL

City & State

Callahan, FL

4. FEI Number

59-3216750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCAFF, AUDREY J JR.
4917 RATLIFF RD
CALLAHAN FL 32011

7. Name and Address of New Registered Agent

Name

SAME

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

43457 RATLIFF Road

City

Callahan

FL

Zip Code

32011

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

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 P ☐ Delete

NAME SCAFF, AUDREY J JR.
STREET ADDRESS 4917 RATLIFF ROAD
CITY-ST-ZIP CALLAHAN FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

new 911 address
change -
same location,
just street
number changed
by 911 services -
ag scaff

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:

Audrey J. Scaff, Jr.
Pres.

2-23-04 904-879-3362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #