2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P94000046168



FILED

Jul 14, 2004 8:00 am Secretary of State

07-14-2004 90006 040 ***150.00

FLORIDA BRAMINGHAM CONSTRUCTION, INC. Principal Place of Business Mailing Address 44048511 1760 BRISTOL ROAD 1760 BRISTOL ROAD, BOX 160 WARRINGTON, BUCKS CO., PA 18976 WARRINGTON, BUCKS CO., PA 18976 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 Cha-P CR2E034 (10/03) City & State City & State 4. FELNumber Applied For 59-3250597 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Stephen B. Harris</u> HARRIS, STEPHEN B 🚁 1836 WOODWARD STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32803 GuesteOuarter "G" 110 S.W. Ivanhoe Blvd.. Zip 602804 Orlando 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition HARRIS, STEPHEN B NAME NAME STREET ADDRESS 1760 BRISTOL ROAD, BOX 160 STREET ADDRESS WARRINGTON, BUCKS CO., PA 18976 CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change Addition NAME STURN, GREGORY L NAME 1760 BRISTOL ROAD, BOX 160 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WARRINGTON, BUCKS CO., PA 18976 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted empowered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

her like empowered

SIGNATURE: