

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90382 007 ***158.75

DOCUMENT # P94000054727

1. Entity Name

ANTHONY CONTRACTING CORPORATION



Principal Place of Business

3565 NE 31ST AVE
LIGHTHOUSE POINT FL 33064
US

Mailing Address

3565 NE 31ST AVE
LIGHTHOUSE POINT FL 33064
US

2. Principal Place of Business

3465 NE 31ST AVE

3. Mailing Address

3465 NE 31ST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2

City & State

LIGHTHOUSE POINT

City & State

LIGHTHOUSE POINT

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

6. Name and Address of Current Registered Agent

ANTHONY, PHILLIP
3565 NE 31ST AVE
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

PHILLIP ANTHONY

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

(NOTE: Registered Agent signature required when replacing)

4/15/04

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 **D** ☐ Delete
NAME **ANTHONY, PHILLIP**
STREET ADDRESS **3565 NE 31ST AVE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **D** ☐ Delete
NAME **ANTHONY, PHILLIP**
STREET ADDRESS **3565 NE 31ST AVE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **PTS** ☐ Delete
NAME **ANTHONY, PHILLIP**
STREET ADDRESS **3565 NE 31ST AVE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **3465 NE 31ST AVE**
CITY-ST-ZIP **L.H.P., FL 33064**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3465 NE 31ST AVE**
CITY-ST-ZIP **L.H.P., FL 33064**

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STREET ADDRESS **3465 NE 31ST AVE**
CITY-ST-ZIP **L.H.P., FL 33064**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

PHILLIP ANTHONY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/04

954-946-8448