

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000063496

1. Entity Name
WEST FLORIDA CONSTRUCTION, INC.



Principal Place of Business
100 2ND AVE N
SUITE 350
ST PETERSBURG, FL 33701

Mailing Address
P.O. BOX 870
SUITE 350
ST PETERSBURG, FL 33731 US

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0516629

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KEHM, MARTHA
100 2ND AVE N
SUITE 350
ST PETERSBURG, FL 33701

**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**

U00000105376
04/07/04-80023-011 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
VD
ANDERSON, CHARLES C
STREET ADDRESS
1328 PASADENA AVE S #308
CITY - ST - ZIP
SAINT PETERSBURG, FL 33707

TITLE
NAME
PDS
FAWCETT, JOSEPH
STREET ADDRESS
5900 SHORE BLVD #812
CITY - ST - ZIP
SAINT PETERSBURG, FL 33707

TITLE
NAME
TD
KEHM, MARTHA
STREET ADDRESS
1909 BEACH DR. SE
CITY - ST - ZIP
ST PETERSBURG, FL 33705

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04

Date

727-823-7926

Daytime Phone #