2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P95000027967 1. Entity Name 04-16-2004 90130 013 ***150 00 C R & SONS CONTRACTORS, INC. Principal Place of Business Mailing Address 2311 58TH AVENUE EAST 2311 58TH AVENUE EAST 24045688 **BRADENTON FL 34203 BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3310036 Not Applicable Zip Country 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 Name WEBB, CARL A Street Address (P.O. Box Number is Not Acceptable) 9715 BRADEN RUN **BRADENTON FL 34202** City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DΡ TITLE ☐ Delete TITLE Change ☐ Addition WEBB, CARL A NAME NAME STREET ADDRESS 9715 BRADEN RUN STREET ADDRESS **BRADENTON FL. 34202** CITY-ST-ZIP CITY-ST-ZIP DVS Addition TITLE ☐ Delete TITLE ☐ Change YODER, VERNON R NAME NAME STREET ADDRESS 8911 WOODMEADOW LOOP STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chenge -Delete TITLE ☐ 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 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 eceiver 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 add with all other like empowered.

FILED

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