2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 08:00 AM Secretary of State

DOCUMENT # P95000033809 1. Entity Name BLOOMFIELD CONSTRUCTION, INC.	etary of Stat	
BLOOMFIELD CONSTRUCTION, INC.		
Principal Place of Business Mailing Address 1877 S. FED. HWY 1877 S. FED. HWY 202 202 BOCA RATON, FL 33432 BOCA RATON, FL 33432	.	
DO NOT WRITE IN THIS SPACE 01132005 No Chg-P CF 4. FEI Number 65-0581561 5. Certificate of Status Desired	R2E034 (10/03) Applied For Not Applicable	
6. Name and Address of Current Registered Agent		
HASEY, MARTIN J ESQ. 42 N SWINTON AVE #2 DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444		
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. In the obligations of registered agent.	I am familiar with, and accept	
SIGNATURE	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	on C	
10. OFFICERS AND DIRECTORS		
TITLE PD NAME HASEY, WILLIAM J JR. STREET ADDRESS 1877 S. FEDERAL HIGHWAY CITY. ST. ZIP BOCA RATON, FL 33432 U00000217	7889 044-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE	
TITLE 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 onth, 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 acturess, with all other like empowered.

SIGNATURE: _

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #