

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000019143**

1. Entity Name  
**FLOYD BROTHERS CONSTRUCTION, INC.**



Principal Place of Business  
**101 EAST 9 1/2 MILE ROAD  
PENSACOLA, FL 32534**

Mailing Address  
**101 EAST 9 1/2 MILE ROAD  
PENSACOLA, FL 32534**



02172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3363069**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KELLER, LARRY D  
5514 NORTH DAVIS HIGHWAY STE 105  
PENSACOLA, FL 32503**

**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**

**U00000075855  
03/04/04-80004-010 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, SAM 101 E. 9 1/2 MILE RD. PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, TIM 9805 PINEBRAKE COURT PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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)(i), Florida Statute's. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Samuel D Floyd*

Date

*3/1/04*

Daytime Phone #

*850 4846007*