

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000032842 1. Entity Name DANNY M. MCELROY CONSTRUCTION, INC.	
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02042004 No Chg-P CR2E034 (10/03)

Principal Place of Business 1131 SW 186TH STREET NEWBERRY, FL 32669	Mailing Address 1131 SW 186TH STREET NEWBERRY, FL 32669
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3382367	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCELROY, DANNY M 1131 SW 186TH STREET NEWBERRY, FL 32669

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	U00000071746 03/01/04-80084-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELROY, DANNY M 1131 SW 186TH STREET NEWBERRY, FL 32669
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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: Danny M. McElroy 2-26-04 (352) 472-4369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #