

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90327 043 ***150.00

DOCUMENT # P97000020856

1. Entity Name

M. C. FLOYD BUILDING CONTRACTOR, INC.



Principal Place of Business

1747 HODGES RD
CALLAHAN FL 32011

Mailing Address

1747 HODGES RD
CALLAHAN FL 32011

54031308

2. Principal Place of Business

45457 American Dream Dr.
Suite, Apt. #, etc.

3. Mailing Address

45457 American Dream Dr.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Callahan FL

City & State

Callahan FL

4. FEI Number

59-3432635

Applied For

Not Applicable

Zip

32011

Country

USA

Zip

32011

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOYD, MICHAEL C
1747 HODGES RD
CALLAHAN FL 32011

7. Name and Address of New Registered Agent

Name

Michael C. Floyd

Street Address (P.O. Box Number is Not Acceptable)

45457 American Dream Dr.

City

Callahan FL

FL

Zip Code

32011

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME FLOYD, MICHAEL C
STREET ADDRESS 1747 HODGES RD
CITY-ST-ZIP CALLAHAN FL 32011

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Floyd Michael C.
STREET ADDRESS 45457 American Dream Drive
CITY-ST-ZIP Callahan FL 32011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

2. 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 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Floyd

DATE

4/7/04

Daytime Phone

904/483/6475