

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000077954

1. Entity Name

ARGYLE CONSTRUCTION, INC.



Principal Place of Business
5331 COMMERCIAL WAY, SUITE 105
SPRING HILL FL 34606

Mailing Address
5331 COMMERCIAL WAY, SUITE 105
SPRING HILL FL 34606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

OR2E034 (10/05)

4. FEI Number
59-3469691

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOOPS, TIMOTHY L
5331 COMMERCIAL WAY, SUITE 105
SPRING HILL FL 34606

Name

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

City

FL

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

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME STOOPS, TIMOTHY L
STREET ADDRESS 5331 COMMERCIAL WAY, SUITE 105
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS 000000511803
CITY-ST-ZIP 04/29/06-80063-021 150.00

TITLE VSTD ☐ Delete
NAME STOOPS, SUE S
STREET ADDRESS 5331 COMMERCIAL WAY, SUITE 105
CITY-ST-ZIP SPRING HILL FL 34606

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Timothy L. Stoops

4/14/06

352-596-1954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy L. Stoops, Pres

Date

Daytime Phone #