

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P97000091225

1. Entity Name  
MOLNAT CONTRACTING INC.



**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90416 001 \*\*\*450.00

Principal Place of Business

14151 SW 24TH ST  
DAVIE, FL 33325 US

Mailing Address

14151 SW 24TH ST  
DAVIE, FL 33325 US



03262005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0790997

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARGILL, ALLISON  
14151 SW 24TH ST  
DAVIE, FL 33325

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, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
ALLISON CARGILL  
14151 SW 24TH ST  
DAVIE, FL 33325

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
WALTER CARGILL SR  
14151 SW 24TH ST  
DAVIE, FL 33325

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 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: Olivia Cargill  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-474-3322