

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90043 008 ***150.00

DOCUMENT # P98000014701

1. Entity Name

RICH CARR BUILDING CORPORATION



Principal Place of Business

20 WOODCENTER DRIVE
PALM COAST FL 32164

Mailing Address

20 WOODCENTER DRIVE
PALM COAST FL 32164

2. Principal Place of Business

25 Florida Park Dr.

3. Mailing Address

25 FLORIDA PARK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast, FL. 32137

City & State

PALM COAST, FL. 32137

Zip

32137

Country

FLAGLER

Zip

32137

Country

FLAGLER

4. FEI Number

59-3502728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARR, RICHARD W
20 WOODCENTER DRIVE
PALM COAST FL 32164

7. Name and Address of New Registered Agent

Name

CARR, RICHARD W.

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

25 FLORIDA PARK DRIVE.

City

PALM COAST.

FL

Zip Code

32137

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

Richard W. Carr

2-25-04

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

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CARR, RICHARD W | |
| STREET ADDRESS | 20 WOODCENTER DR | |
| CITY-ST-ZIP | PALM COAST FL | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | CARR, NANCY L | |
| STREET ADDRESS | 20 WOODCENTER DR | |
| CITY-ST-ZIP | PALM COAST FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.1

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARR, RICHARD W. | |
| STREET ADDRESS | 25 FLORIDA PARK DR | |
| CITY-ST-ZIP | PALM COAST, FL. 32137 | |
| TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARR, NANCY L. | |
| STREET ADDRESS | 25 FLORIDA PARK DR. | |
| CITY-ST-ZIP | PALM COAST FL. 32137 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Richard W. Carr RICHARD W. CARR

2-25-04

Date

386 931 4655

Daytime Phone #