

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000032352**

1. Entity Name  
**AWP CONSTRUCTION & DEVELOPMENT, INC.**



Principal Place of Business  
**PO BOX 187  
ORMOND BEACH, FL 32175**

Mailing Address  
**PO BOX 187  
ORMOND BEACH, FL 32175**



01162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3516353**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PERRICELLI, ANTHONY  
289 N BCH ST  
ORMOND BEACH, FL 32174**

**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 resigning)

DATE

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PERRICELLI, ANTHONY
STREET ADDRESS	289 NORTH BEACH STREET
CITY- ST- ZIP	ORMOND BEACH, FL 32175
TITLE	VP
NAME	CHOBANY, RODNEY J
STREET ADDRESS	287 N. BEACH ST
CITY- ST- ZIP	ORMOND BEACH, FL 32175
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000028524  
02/04/04-80026-021 158.75

**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)(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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #