

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90027 015 ***150.00

DOCUMENT # P98000035781

1. Entity Name

PEGASUS CONTRACTORS, INC.



Principal Place of Business

97501 OVERSEAS HWY.
KEY LARGO FL 33037

Mailing Address

97501 OVERSEAS HWY
KEY LARGO FL 33037

2. Principal Place of Business

3685 BATTERSEA RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33133

Country

USA

Zip

MIAMI FL

Country

USA

4. FEI Number

65-0848126

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

WHEELER, CHRISTOPHER C
2255 GLADES ROAD STE 340W
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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, 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 D ☐ Delete
NAME WOLF, CHASE
STREET ADDRESS 97501 OVERSEAS HWY.
CITY-ST-ZIP KEY LARGO FL 33037

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 ☒ Change ☐ Addition
NAME 3685 BATTERSEA ROAD
STREET ADDRESS MIAMI FL 33133
CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/04 305 6630199