

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

02-19-2004 90032 025 ****50.00
03-05-2004 90009 045 ***100.00

DOCUMENT # P98000047777

1. Entity Name
WENTWORTH CONSTRUCTION COMPANY, INC.



Principal Place of Business

**7878 SE ELLIPSE WAY
STUART, FL 34997**

Mailing Address

**PO BOX 3089
STUART, FL 34995**

44015306

2. Principal Place of Business

7965 Jack James Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012004

Chg-P

CR2E034 (10/03)

City & State
Stuart, FL

City & State

4. FEI Number

65-0879687

Applied For

Not Applicable

Zip
34997-7246

Country
USA

Zip

Country

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

**WENTWORTH, GEORGE E
7878 SW ELLIPSE WAY
STUART, FL 34997**

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**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WENTWORTH, GEORGE E JR
7878 SW ELLIPSE WAY
STUART, FL 34997** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7965 Jack James Drive
Stuart, FL 34997-7246** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SEAMAN, HARRY
7878 SW ELLIPSE WAY
STUART, FL 34997** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7965 Jack James Drive
Stuart, FL 34997-7246** ☒ Change ☐ Addition

TITLE
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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR

Date

Daytime Phone #