

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90010 041 ***150.00

DOCUMENT # P98000084242

1. Entity Name
OGLE & SONS CONSTRUCTION COMPANY, INC.



Principal Place of Business
**1941 BAY OAKS CIRCLE
MILTON, FL 32583**

Mailing Address
**1941 BAY OAKS CIRCLE
MILTON, FL 32583**

54054714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3551459

Applied For

Not Applicable

Zip

Country

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

**OGLE, TERRY R.
1941 BAY OAKS CIRCLE
MILTON, FL 32583**

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 IF 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **OGLE, TERRY R**
CITY-ST-ZIP **1941 BAY OAKS CIRCLE
MILTON, FL 32583**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **OGLE, JOAN L**
CITY-ST-ZIP **1941 BAY OAKS CIRCLE
MILTON, FL 32583**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **OGLE, JONATHAN P**
CITY-ST-ZIP **8605 COTTONWOOD DRIVE
MERIDIAN, MS 39305**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **389 TUNBRIDGE DR**
CITY-ST-ZIP **Rockledge FL 32955**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **OGLE, NATHAN R**
CITY-ST-ZIP **616 HIDDEN FALLS LANE
CHESAPEAKE, VA 23320**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1025 POGUOSON CROSSING**
CITY-ST-ZIP **Chesapeake VA 23320**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: Terry R. Ogle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

(850) 623-0018

Daytime Phone #