


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00-AM
Secretary of State

DOCUMENT # P98000098721 1. Entity Name M & W CONSTRUCTION OF NORTH CENTRAL FLORIDA, INC.		
Principal Place of Business 16212 WEST HWY 318 WILLISTON, FL 32696		Mailing Address P O BOX 577 WILLISTON, FL 32696
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LASH, ROBERT A ESQ 500 E. UNIVERSITY AVE, STE A GAINESVILLE, FL 32601		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000109053 04/12/04-80027-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WHITEHURST, WILLIAM J III 5250 NE 220TH AVE WILLISTON, FL 32696	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP MAY, LARRY J JR 16212 W. HWY 318 WILLISTON, FL 32696	
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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 empowerers.		
SIGNATURE: LARRY JOE MAY JR <i>[Signature]</i> PRESIDENT 4/6/04 352-539-0547 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3545468

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**