

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000101350

1. Entity Name
CORKSCREW MINING & EXCAVATION, INC.



Principal Place of Business

**4099 NORTH TAMiami TRAIL
SUITE 305
NAPLES, FL 34103**

Mailing Address

**4099 NORTH TAMiami TRAIL
SUITE 305
NAPLES, FL 34103**

FILED

04 MAY 10 AM 10:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



03192004

No Chg-P

CR2E034 (10/03)

04

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3552518

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CANDLER, ASA W
4099 NORTH TAMiami TRAIL
SUITE 305
NAPLES, FL 34103**

**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 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FITZGERALD, WILLIAM E
4099 NORTH TAMiami TRAIL
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CANDLER, ASA
4099 NORTH TAMiami TRAIL
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**000037004650
05/21/04--01091--015 **150.00**

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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)(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 SIGNING OFFICER OR DIRECTOR

4. 28.04

Date

239-262-3034

Daytime Phone #