

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000008061**

1. Entity Name

SUNBELT RESIDENTIAL CONTRACTORS, INC.



Principal Place of Business

4230 1ST AVE. NW  
NAPLES, FL 34119

Mailing Address

4230 1ST AVE. NW  
NAPLES, FL 34119



04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0890425

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BEEGLE, DAVID  
4230 1ST AVE. NW  
NAPLES, FL 34119

**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

000000146416  
05/03/04-80064-008 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEEGLE, DAVID 4230 1ST AVE. NW NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEEGLE, CRIS 4230 FIRST AVENUE NW NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL, BOBBY JR. 4230 FIRST AVENUE NW NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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]*

*4/19/04*