

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90034 003 ***150.00

DOCUMENT # P99000032890

1. Entity Name

COMMERCIAL CONSTRUCTION OF SW FLORIDA, INC.



Principal Place of Business

6141 HAMILTON DRIVE
FORT MYERS FL 33905

Mailing Address

PO BOX 50279
FORT MYERS FL 33994

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Lee

Zip

Country

4. FEI Number

65-0911464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMANN, JILL
6141 HAMILTON DRIVE
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, MARCEL A	
STREET ADDRESS	1492 HARWELL AVE.	
CITY-ST-ZIP	CROFTON MD 21114	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	CALLOW-CANNONS, SHERRY	
STREET ADDRESS	6141 HAMILTON DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	THOMANN, JILL	
STREET ADDRESS	6141 HAMILTON DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENDERBY, SAM	
STREET ADDRESS	140 W HWY 82	
CITY-ST-ZIP	GAINESVILLE TX 76240	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, MARCIA	
STREET ADDRESS	1492 HARWELL AVE	
CITY-ST-ZIP	CROFTON MD 21114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry L Cannons Vice President

3-12-04

Date

239-
693-1223

Daytime Phone #