

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000033063

1. Entity Name
NELIGAN CONSTRUCTION SERVICES, INC.



FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATION
04 SEP-10 PM 4:38

Principal Place of Business
1089 ATLANTIC BLVD
STE. #8
ATLANTIC BEACH, FL 32233

Mailing Address
1089 ATLANTIC BLVD
STE. #8
ATLANTIC BEACH, FL 32233

2. Principal Place of Business
552 SEAGATE AVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 49249
Suite, Apt. #, etc.



08242004 Chg-P CR2E034 (10/03)

City & State
NEPTUNE BEACH, FL
Zip 32266 Country USA

City & State
JACKSONVILLE BEACH, FL
Zip 32240 Country USA

4. FEI Number 59-3569690
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
NELIGAN, BRIAN
552 SEAGATE
ATLANTIC BEACH, FL 32233

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

Amended AR is \$61.25

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	P NELIGAN, BRIAN 2050 MERCED CT JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, COLIN 327 4TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ADAM SHERRE 552 SEAGATE AVE. NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GREG EDENBERRY 552 SEAGATE AVE. NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300041254793 09/22/04--01021--003 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Brian D. Neligan BRIAN D. NELIGAN

9/9/04 (904) 247-3777
Date Daytime Phone #