

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90406 006 \*\*\*158.75

**DOCUMENT # P99000033398**

1. Entity Name

COLLIER COUNTY CONSTRUCTION SERVICES, INC.



Principal Place of Business

809 WALKERBILT RD., STE. 6  
NAPLES FL 34110

Mailing Address

809 WALKERBILT RD., STE. 6  
NAPLES FL 34110

24035740



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3569455

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WANDERON, THOMAS  
9915 TAMiami TRAIL NORTH, STE. 2  
NAPLES FL 34108

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 **DP Director** ☐ Delete  
NAME CUENYA, DANIEL O  
STREET ADDRESS 809 WALKERBILT RD., STE. 6  
CITY-ST-ZIP NAPLES FL 34110

TITLE **DVP Director** ☐ Delete  
NAME GUNTHER, DON J  
STREET ADDRESS 8665 BAY COLONY DR. #2204  
CITY-ST-ZIP NAPLES FL 34108

TITLE **President** ☐ Delete  
NAME SATKOWIAK, JAMES  
STREET ADDRESS 15030 N PEBBLE LN  
CITY-ST-ZIP FORT MYERS FL 33912

TITLE **Vice President** ☐ Delete  
NAME WILLIAMS, BRUCE  
STREET ADDRESS 1260 39TH ST SW  
CITY-ST-ZIP NAPLES FL 34117

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

2/13/2004 239-597-9817