

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P99000054014

1. Entity Name
FILMORE CONSTRUCTION COMPANY, INC.



Principal Place of Business
**750 THOMPSON RD.
MAITLAND, FL 32751**

Mailing Address
**750 THOMPSON RD.
MAITLAND, FL 32751**



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3602034

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FILMORE, LEROY SR.
750 THOMPSON RD.
MAITLAND, FL 32751**

**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	PD
NAME	FILMORE, LEROY JR.
STREET ADDRESS	750 THOMPSON RD.
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	VTD
NAME	FILMORE, LEROY SR.
STREET ADDRESS	750 THOMPSON RD.
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	SD
NAME	FILMORE, AMY J
STREET ADDRESS	750 THOMPSON RD.
CITY - ST - ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

05/03/04 08:01:04 59-3602034

**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 full other like empowered.

SIGNATURE: **AMY J. FILMORE** **SECRETARY** **APRIL 29, 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #