

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90048 041 ***150.00

DOCUMENT # P99000065716

1. Entity Name

COMPLETE SYSTEMS CONTRACTING, INC.



Principal Place of Business

120 E OAK LEAD PK BLVD
#105
FORT LAUDERDALE FL 33334

Mailing Address

10660 NW 42 DR.
CORAL SPRINGS FL 33065



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0941987

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

METZGER, HOLLY
10660 NW 42 DR.
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name Dennis Metzger
Street Address (P.O. Box Number is Not Acceptable)
10660 NW 42 Dr
City Coral Spgs FL Zip Code 33065

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 VPD ☒ Delete
NAME METZGER, HOLLY
STREET ADDRESS 10660 NW 42ND DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE RD ☒ Delete
NAME ALLEN, ROBERT
STREET ADDRESS 12701 MUSTANG TR
CITY-ST-ZIP SW RANCHES FL 33330

TITLE VPD ☐ Delete
NAME METZGER, DENNIS
STREET ADDRESS 10660 NW 42 DR
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 President ☒ Change ☐ Addition
NAME Allen, Robert
STREET ADDRESS 12701 Mustang Tr
CITY-ST-ZIP SW Ranches FL 33330

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

Dennis Metzger VP 4/18/04 444 9169