2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000083057

1. Entity Name

AMERICAN GENERAL CONSTRUCTION OF WEST FLORIDA, INC.



FILED Mar 10, 2005 8:00 am Secretary of State

03-10-2005 90155 024 ***150.00

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LOND	ι, πτο.				and the second s			
Principal Plac	e of Busines	s	Mailing Address	<u> </u>				
SARASOTA FL B			7602 15TH ST. EAST		50024257			
SARASOTA, FL 34243			B Sarasota, Fl. 34243					
			SANASUIN, FL 34243	•	. (B.B.) 855 (10. 1010 1011 1011 1011 1011 1011 1011			
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		0000005 01 0 0005004 (40400)			
					02282005 Chg-P CR2E034 (10/03)			
City, & State			City & State		4. FEI Number Applie 65-0956004 Not Ap			
Zip		Country	Zip	Country	5. Certificate of Status Desired S8.75 Addition Fee Required	nal		
	6. Name	and Address of Current	Registered Agent	1	7. Name and Address of New Registered Agent			
				Name		_		
MYERS, DONN R 3802-59TH AVE N				Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
BRADENT		4210				_		
		* * * . **						
		-		City	FL Zip Code			
8. The above	named entit	y submits this statement for	or the purpose of changing its	s registered office or	r registered agent, or both, in the State of Florida. I am familiar with, and	t acc		
the obligat	tions of regis	tered agent. "	•	•				
SIGNATURE.	·			W. Darles and Assault	bure required when reinstating) DATE			
	Signature, typed	or printed name of registered agen	t and title if applicable. (NO	IE: Hegistered Agent signatu	ture required when reinstating) DATE			
FIL	.E NOWIU	FEE IS \$150.00	9. Election Campa		\$5.00 May Be			
		5 Fee will be \$550.	.00 Trust Fund Con	tribution.	Added to Fees			
10.		OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	111		
TITLE	Р		☐ Delete	TITLE		Ad		
NAME MYERS, DONN R STREET ADDRESS 3820 59TH AVE W.				NAME Street Address	Diane Ichihashi			
STREET ADDRESS 3820 59TH AVE W. CITY-ST-ZIP BRADENTON, FL 34243				CITY-ST-ZIP	4823 Shadyview Ct Sarasota FL 34232			
TITLE	VP		; Delete	TITLE		Ad		
NAME ***		I, RICHARD T.		NAME				
STREET ADDRESS CITY-ST-ZIP		RMÉLIA LANE		STREET ADDRESS * CITY-ST-ZIP				
TITLE	SARASU	TA, FL 34243	Delete	TITLE	☐ Change	Ad		
NAME			□ Delete	NAME	Onlange _			
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STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				C!TY-ST-ZIP	<u> </u>			

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 direct 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 of changed, or on an attachment with an address, with all other like empowered.