


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000092396 1. Entity Name SAMMONS CONSTRUCTION, INC.	
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Principal Place of Business 27 GOLFVIEW PLACE ROTONDA WEST, FL 33947	Mailing Address 27 GOLFVIEW PLACE ROTONDA WEST, FL 33947
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01312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0954409	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMMONS, MELVIN
27 GOLFVIEW PLACE
ROTONDA WEST, FL 33947

**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

U000000041264
02/09/04-80082-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMMONS, MELVIN 27 GOLFVIEW PLACE ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAMMONS, MALCOM 27 GOLFVIEW PLACE ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAMMONS, MARY HELENA 27 GOLFVIEW PLACE ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04

Date

Daytime Phone # _____