

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 A
Secretary of State

DOCUMENT # S33739

1. Entity Name
DAWS-ROBERTS GENERAL CONTRACTORS, INC.



Principal Place of Business

**3120 O'BRIEN DR
TALLAHASSEE, FL 32309 US**

Mailing Address

**3120 O'BRIEN DR
TALLAHASSEE, FL 32309 US**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3065573

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS, STEPHEN N
3120 O'BRIEN DR
TALLAHASSEE, FL 32309**

**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, 2008 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	DAWS, STEVE C.
STREET ADDRESS	P O BOX 13677
CITY - ST - ZIP	TALLAHASSEE, FL 32317
TITLE	SVPD
NAME	STEPHEN N ROBERTS
STREET ADDRESS	3120 O'BRIEN DR.
CITY - ST - ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/19/08-80021-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/08 (850) 544 0011
Date Daytime Phone #