

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # S41645	
1. Entity Name 56 CONSTRUCTION & DEVELOPERS, INC.	

Principal Place of Business 125 NORTH BIRCH ROAD STE. 301 FT. LAUDERDALE FL 33304	Mailing Address PO BOX 5744 FT. LAUDERDALE FL 33310-5744
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0260660	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
PHILLIPS, JOHN F. 1417 SE 1ST AVE. FT. LAUDERDALE FL 33316	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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) **DATE** _____ (NOTE: Registered Agent signature required when reinstating)

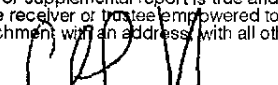
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME HIGHLEY, CHARLES L.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 125 N. BIRCH RD., STE. 301		NAME	
CITY- ST- ZIP FT. LAUDERDALE FL 33304		STREET ADDRESS	
TITLE D <input type="checkbox"/> Delete	NAME ANDERTEN, THOMAS J.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 125 N. BIRCH RD., STE. 301		NAME	
CITY- ST- ZIP FT. LAUDERDALE FL 33304		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	

000000193731
01/25/05-80072-005 150.00

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:  **CHARLES L. HIGHLEY** **1-19-05** **561-241-9497**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #