

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90131 010 ***150.00

DOCUMENT # S55264

1. Entity Name
800 CONSTRUCTION, INC.



Principal Place of Business
2300 CORPORATE BLVD #238
BOCA RATON, FL 33431 US

Mailing Address
STE 400
3003 TAMiami TRAIL NORTH
NAPLES, FL 34103 US

14020031



2. Principal Place of Business
2300 N.W. CORPORATE BLVD
Suite, Apt. #, etc.
Suite 238

3. Mailing Address

City & State
BOCA RATON FL
Zip
33431
Country
US

City & State

Zip

Country

04272004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0272314

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOTOS, MICHAEL E.
260 ROYAL PALM WAY
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name **BOTOS, MICHAEL E.**
Street Address (P.O. Box Number is Not Acceptable)
ONE NORTH CLEMATIS STREET, STE 400
City **WEST PALM BEACH** FL Zip Code **33401**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TEMPLE, JOHN W.
STREET ADDRESS 2300 NW CORPORATE #238
CITY-ST-ZIP BOCA RATON, FL

TITLE V ☐ Delete
NAME FLOOD, THOMAS J
STREET ADDRESS 3003 TAMiami TRAIL NORTH, #400
CITY-ST-ZIP NAPLES, FL 34103

TITLE ST ☐ Delete
NAME CORINA, ROBERT D
STREET ADDRESS 3003 TAMiami TRAIL NORTH, #400
CITY-ST-ZIP NAPLES, FL 34103

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

ROBERT D. CORINA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

239-261-4455
Daytime Phone #