

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # V10772

1. Entity Name

COUCH'S STEEL CONSTRUCTION, INC.



Principal Place of Business

3851 SE 21ST TERR
GULF HAMMOCK FL 32639
US

Mailing Address

P. O. BOX 249
GULF HAMMOCK FL 32639

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3107814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COUCH, FRANK, III
3851 SE 21ST TERR
GULF HAMMOCK FL 32639

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

Carolyn P. Couch

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME COUCH, FRANK III
STREET ADDRESS P.O. BOX 249 N/A
CITY- ST- ZIP GULF HAMMOCK FL 32639

TITLE V ☐ Delete
NAME COUCH, FRANK IV
STREET ADDRESS P.O. BOX 232 N/A
CITY- ST- ZIP GULF HAMMOCK FL 32639

TITLE ST ☐ Delete
NAME COUCH, CAROL
STREET ADDRESS P.O. BOX 249 N/A
CITY- ST- ZIP GULF HAMMOCK FL 32639

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

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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)(f), 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:

Carolyn P. Couch

ST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-05

352-486 4068

Date

Daytime Phone #