


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 569318
 1. Entity Name
 DUBECK CONSTRUCTION, INC.



Principal Place of Business
 5533 WINDRIFT LANE
 BOCA RATON, FL 33433 US

Mailing Address
 12203 STRICKLAND RD
 RALEIGH, NC 27613 US

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-1823808 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

POLITIS, JOHN
 5533 WINDRIFT LANE
 BOCA RATON, FL 33433

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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

U00000115562
 04/16/04-80029-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POLITIS, JOHN
STREET ADDRESS	5533 WINDRIFT LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VSD
NAME	POLITIS, JO
STREET ADDRESS	5533 WINDRIFT LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VD
NAME	POLITIS, JAMES
STREET ADDRESS	5533 WINDRIFT LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VPD
NAME	POLITIS, AMANDA
STREET ADDRESS	5533 WINDRIFT LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *John Politis* PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-12-04
Date

Daytime Phone # _____
Daytime Phone #