


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

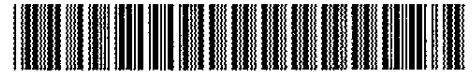
FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F97996	
1. Entity Name SALISBURY CONSTRUCTION SERVICE CORP.	

Principal Place of Business 5301 PINE TREE ROAD POMPANO BEACH FL 33067	Mailing Address 5301 PINE TREE ROAD POMPANO BEACH FL 33067
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-2232870	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent SALISBURY, G ROBERT, III 5301 PINE TREE RD POMPANO BEACH FL 33067		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALISBURY, G ROBERT, III			NAME			
STREET ADDRESS	5301 PINE TREE RD			STREET ADDRESS	U00000034053		
CITY-ST-ZIP	POMPANO BEACH FL			CITY-ST-ZIP	02/05/04-80068-012 150.00		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALISBURY, DANIEL SCOTT			NAME			
STREET ADDRESS	5301 PINE TREE ROAD			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALISBURY IV, GEORGE R.			NAME			
STREET ADDRESS	5301 PINE TREE ROAD			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALISBURY, MARTHA			NAME			
STREET ADDRESS	5301 PINE TREE ROAD			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: G. Robert Salisbury III 1/24/04 954 752-6400