


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 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**

**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2232870** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SALISBURY, G ROBERT, III  
5301 PINE TREE RD  
POMPANO BEACH, FL 33067**

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SALISBURY, G ROBERT, III 5301 PINE TREE RD POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALISBURY, DANIEL SCOTT 5301 PINE TREE ROAD POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALISBURY IV, GEORGE R. 5301 PINE TREE ROAD POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SALISBURY, MARTHA 5301 PINE TREE ROAD POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *G Robert III* **2/24/05** **954-752-6400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #