

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90013 025 ***150.00

DOCUMENT # J74834	
1. Entity Name CONSTRUCTION DIMENSIONS, INC.	

Principal Place of Business 21264 HIGGS DR PORT CHARLOTTE, FL 33952	Mailing Address PO BX 380334 C/O SALVATORE DIPIAZZA MURDOCK, FL 33938 US
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2. Principal Place of Business	3. Mailing Address PO Box 380334
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Murdoch FL
Zip	Zip 33938
Country	Country Charlotte



07132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent DIPIAZZA, SALVATORE 21264 HIGGS DR. PORT CHARLOTTE, FL 33952	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

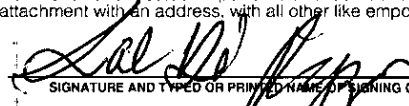
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIPIAZZA, SALVATORE PO BOX 380334 MURDOCK, FL 33938 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

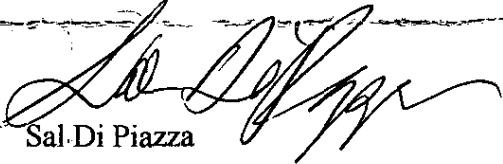
SIGNATURE:  **7/21/04 941 627 0352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Doc. # J 74834
44050076
Construction Dimensions Inc
P.O. Box 380334
Murdock, Florida 33938
941 627 0352 Office
941 743 5522 Fax

Florida Dept. Of State
J 74834

I never received any forms regarding the above
Enclosed is my check for the amount that is required
Thank you
Please advise


Sal Di Piazza

CC; Check
Post card copy



Attachment
44050076

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 13, 2004

CONSTRUCTION DIMENSIONS, INC.
PO BX 380334
C/O SALVATORE DIPIAZZA
MURDOCK, FL 33938 US

SUBJECT: CONSTRUCTION DIMENSIONS, INC.
Ref. Number: J74834

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 104A00044630