

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90297 029 \*\*\*150.00

**DOCUMENT # P03000152707**

1. Entity Name  
**PEBBLE CONSTRUCTION INCORPORATED**



Principal Place of Business

**7100 NOEL RD  
 APT 304  
 PANAMA CITY, FL 32404**

Mailing Address

**7100 NOEL RD  
 APT 304  
 PANAMA CITY, FL 32404**

**94048972**



2. Principal Place of Business

**901 W. 19th Street**

Suite, Apt. #, etc.  
**Apt 2203**

City & State

**Panama City, Florida**

Zip  
**32405**

Country  
**Bay**

3. Mailing Address

**901 W. 19th Street**

Suite, Apt. #, etc.  
**Apt 2203**

City & State

**Panama City, Florida**

Zip  
**32405**

Country  
**Bay**

02062004

Chg-P

CR2E034 (10/03)

4. FEI Number

**52-2421128**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLIRONS, DARLEAN  
 7100 NOEL RD  
 APT 304  
 PANAMA CITY, FL 32404**

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 \_\_\_\_\_

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	MILLIRONS, DARLEAN	7100 NOEL RD, APT 304	PANAMA CITY, FL 32404	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Darlean Millirons*

4/9/04

Date

850-914-2027

Daytime Phone #