


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90048 002 ***158.75

DOCUMENT # P18257
 1. Entity Name
PCL CIVIL CONSTRUCTORS, INC.



Principal Place of Business 3810 NORTHDAL BLVD. SUITE 200 TAMPA, FL 33624 US	Mailing Address 3810 NORTHDAL BLVD. SUITE 200 TAMPA, FL 33624 US
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50010249



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01172005 Chg-P CR2E034 (10/03)

4. FEI Number 84-0915605	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 E PARK AVENUE
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDER, J.D.	
STREET ADDRESS	3810 NORTHDAL BLVD., SUITE 200	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VENTOZA, L.S.	
STREET ADDRESS	1620 W. FOUNTAINHEAD PKWY. #29	
CITY-ST-ZIP	TEMPE, AZ 85282	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MORGAN, D.T.	
STREET ADDRESS	2000 S. COLORADO BLVD., #2-500	
CITY-ST-ZIP	DENVER, CO 80222	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRITTON, S.W.	
STREET ADDRESS	1729 GREENTREE DR. #105	
CITY-ST-ZIP	TEMPE, AZ 85283	
TITLE	S	<input type="checkbox"/> Delete
NAME	EVELD, M.R.	
STREET ADDRESS	3810 NORTHDAL BLVD., SUITE 200	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3810 NORTHDAL BLVD., SUITE 200	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: David T. Morgan 1/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #