

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90025 025 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                 |                                                                                                                     |                                                                                                                                      |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>DOCUMENT # V35663</b><br>1. Entity Name<br><b>O'ROURKE BROS.INC.OF ORLANDO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                 |                                                                                                                     |                                                     |                                                   |
| Principal Place of Business<br><b>5159 A LB MCLEOD ROAD<br/>ORLANDO, FL 32811 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                 | Mailing Address<br><b>1205 4TH AVENUE<br/>MOLINE, IL 61265 US</b>                                                   |                                                                                                                                      |                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      | 3. Mailing Address<br><b>3885 ELMORE Avenue</b> |                                                                                                                     |                                                    |                                                   |
| City & State<br><b>Davenport, IA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | City & State<br><b>Davenport, IA</b>            |                                                                                                                     | 4. FEI Number<br><b>36-3818172</b>                                                                                                   |                                                   |
| Zip<br><b>52807</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | Country<br><b>USA</b>                           |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |                                                   |
| 6. Name and Address of Current Registered Agent<br><b>O'ROURKE, JOSEPH R<br/>5159 A LB MCLEOD ROAD<br/>ORLANDO, FL 32811</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                 |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                 |                                                                                                                     |                                                                                                                                      |                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                      |                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                        |                                                                                                                                      |                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>P<br/>O'ROURKE, JEFF<br/>1205 4TH AVE.<br/>MOLINE, IL 61265</b>   | <input type="checkbox"/> Delete                 |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>3885 ELMORE Avenue<br/>Davenport, IA 52807</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>ST<br/>O'ROURKE, JOE<br/>1205 4TH AVENUE<br/>MOLINE, IL 61265</b> | <input type="checkbox"/> Delete                 |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>3885 Elmore Avenue<br/>Davenport, IA 52807</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                      |                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                      |                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                      |                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                      |                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> 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 title empowered. |                                                                      |                                                 |                                                                                                                     |                                                                                                                                      |                                                   |
| <b>SIGNATURE:</b> <i>Joseph R O'Rourke</i> <i>Joe O'Rourke</i> <i>1/7/04 563-823-1532</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                 |                                                                                                                     |                                                                                                                                      |                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                 |                                                                                                                     |                                                                                                                                      |                                                   |