

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90039 044 \*\*\*150.00

**DOCUMENT # V37917**

1. Entity Name

MEGA FORCE CONSTRUCTION, INC.



Principal Place of Business

10407 N US HWY 41  
 PALMETTO FL 34221  
 US

Mailing Address

10407 N US HWY 41  
 PALMETTO FL 34221  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3124610

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, EARL P.  
 10407 N. US HWY 41  
 PALMETTO FL 34221

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  Delete  
 NAME CRAWFORD, EARL P.  
 STREET ADDRESS 10407 N US HWY 41  
 CITY-ST-ZIP PALMETTO FL 34221

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ST  Delete  
 NAME CRAWFORD, MAUREEN  
 STREET ADDRESS 10407 N US HWY 41  
 CITY-ST-ZIP PALMETTO FL 34221

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP  Delete  
 NAME TENN, TAFARI N  
 STREET ADDRESS 11401 9TH ST N  
 CITY-ST-ZIP SAINT PETERSBURG FL 33716

TITLE  Change  Addition  
 NAME *VP*  
 STREET ADDRESS *TENN, TAFARI N*  
 CITY-ST-ZIP *12823 STANWYCK CIRCLE TAMPA, FL, 33626*

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: \_\_\_\_\_

*M. Crawford* MAUREEN CRAWFORD  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/11/04*  
 Date

*941-721-7771*  
 Daytime Phone #