


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90047 008 \*\*\*150.00


<b>DOCUMENT # 487662</b>	
1. Entity Name <b>BOA CONSTRUCTION, INC.</b>	

Principal Place of Business <b>4625 QUAIL ROOST RD ST CLOUD, FL 34722 US</b>	Mailing Address <b>C/O POWELL 4700 SHERIDAN ST BLD P HOLLYWOOD, FL 33021</b>
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2. Principal Place of Business	3. Mailing Address <b>4625 QUAIL ROOST RD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <b>ST. CLOUD FL.</b>
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Zip	Country	Zip <b>34772</b>	Country <b>US</b>
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02162004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1636110</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134</b>	Name
	Street Address (P.O.: Box Number is Not Acceptable)
	City
	State <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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOWE, ELIZABETH M</b>		NAME	
STREET ADDRESS <b>4625 QUAIL ROOST RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ST CLOUD, FL 34772</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOWE, THOMAS D.</b>		NAME	
STREET ADDRESS <b>4625 QUAIL ROOST RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ST CLOUD, FL 34772</b>		CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOWE, ELIZABETH M</b>		NAME	
STREET ADDRESS <b>4625 QUAIL ROOST RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ST CLOUD, FL 34772</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Elizabeth M. Lowe* **3/16/04** **401 891 0769**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #