

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 218805

FILED
Mar 08, 2004
Secretary of State

Entity Name: DERRICO CONSTRUCTION CORPORATION

Current Principal Place of Business:

2225 AVOCADO AVENUE
P O BOX 361177
MELBOURNE, FL 329361177

New Principal Place of Business:

Current Mailing Address:

2225 AVOCADO AVENUE
P O BOX 361177
MELBOURNE, FL 329361177

New Mailing Address:

FEI Number: 59-0858994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGERSON, ROBERT A.
2245 MOCKINGBIRD LANE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BEAR, DON T.,
Address: 327 PROVINCIAL DR
City-St-Zip: INDIALANTIC, FL

Title: VDT () Delete
Name: OLSON, KIM TYREE,
Address: 323 PROVINCIAL DR.
City-St-Zip: INDIALANTIC, FL

Title: PD () Delete
Name: SEGERSON, R A,
Address: 2245 MOCKINGBIRD LANE
City-St-Zip: INDIALANTIC, FL

Title: D () Delete
Name: SEGERSON, E., M,
Address: 2245 MOCKINGBIRD LANE
City-St-Zip: INDIALANTIC, FL

Title: VP () Delete
Name: OLSON, JON
Address: 323 PROVINCIAL DR
City-St-Zip: INDIALANTIC, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM TYREE OLSON

VT

03/08/2004

Electronic Signature of Signing Officer or Director

_____ Date