



Amended
**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 228996 1. Entity Name COVEN CONSTRUCTION CO.						<i>Amended</i> SECRETARY OF STATE DIVISION OF CORPORATIONS 04 NOV 17 AM 11:59	
Principal Place of Business 8711 NUMBER TWO RD HOWEY, FL 34737 US				Mailing Address PO BOX 733 PO BOX 733 TAVARES, FL 32778 US			
2. Principal Place of Business PO BOX 733 Suite, Apt. #, etc.		3. Mailing Address PO BOX 733 Suite, Apt. #, etc.					
City & State TAVARES, FL		City & State TAVARES, FL		4. FEI Number 59-0876592		Applied For <input type="checkbox"/> Not Applicable	
Zip 32778		Country USA		Zip 32778		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04292004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent COVEN, LOUISE 319 KENTUCKY STREET TAURUS, FL 32778				7. Name and Address of New Registered Agent Name MIKE COVEN Street Address (P.O. Box Number is Not Acceptable) 105 E DELAWARE ST City TAVARES FL Zip Code 32778			
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 <input checked="" type="checkbox"/> DATE <input checked="" type="checkbox"/> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE ST NAME COVEN, LOUISE STREET ADDRESS 319 KENTUCKY ST. CITY-ST-ZIP TAVARES, FL	<input checked="" type="checkbox"/> Delete			TITLE 300042829243 NAME 11/17/04--01032--005 **61.25 STREET ADDRESS 11/17/04--01032--005 CITY-ST-ZIP 11/17/04--01032--005	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P.V.S.T NAME MIKE COVEN STREET ADDRESS 105 E DELAWARE ST CITY-ST-ZIP TAVARES, FL 32778	<input type="checkbox"/> Delete			TITLE VICE Pres NAME David COVEN STREET ADDRESS 2509 Sunrise Dr CITY-ST-ZIP Edgewater FL 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VICE NAME David COVEN STREET ADDRESS 2509 Sunrise Dr CITY-ST-ZIP Edgewater FL 32141	<input type="checkbox"/> Delete			TITLE VICE Pres NAME Donnell Cardwell STREET ADDRESS 30627 Fairview Ave CITY-ST-ZIP TAVARES FL 32778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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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: <u><i>Mike Coven</i></u> <u><i>11/15/04</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>							