

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 467765

1. Entity Name
REGIONAL CONSTRUCTION, INC.



Principal Place of Business
**5511 HANSEL AVE
ORLANDO, FL 32809 US**

Mailing Address
**P.O. BOX 593359
ORLANDO, FL 32859-0359**



02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1567205

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOOKE, DOUGLAS P
5511 HANSEL AVENUE
ORLANDO, FL 32809**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000061306
02/23/04-80075-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS HOOKE, DOUGLAS P 9425 SLOANE ST ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOOKE, DOUGLAS P 9425 SLOANE ST ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JONES, STANLEY R 5511 HANSEL AVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOOKE, MARCUS P 5511 HANSEL AVE ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04

Date

407/851-1519

Daytime Phone #