2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 489214

1. Entity Name

CENTRAL BROWARD CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

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931 N W 53 CT

FT LAUDERDALE, FL 33309

931 N W 53 CT FT LAUDERDALE, FL 33309

FILED May 03, 2004 08:00 AM Secretary of State



03042004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1630388 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LORD, KENNETH I 2835 NE 35TH ST FT. LAUDERDALE, FL 33306

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	The above named entity submits this statement for the purpose of chatten obligations of registered agent	anging its registered office or registered agent, or bot	n, 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 stip 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

 Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

TITLE PD LORD, KENNETH I STREET ADDRESS PT LAUDERDALE, FL 00000, TITLE ST LORD, KENNETH I STREET ADDRESS PT LAUDERDALE, FL 00000, TITLE ST LORD, KENNETH I STREET ADDRESS PT LAUDERDALE, FL 00000, TITLE EVP NAME NEWELL, ROBERT V. STREET ADDRESS CITY-SI-ZIP COOPER CITY, FL TITLE D LORD, GAYLE A. STREET ADDRESS CITY-SI-ZIP FT LAUDERDALE, FL TITLE D LORD, GAYLE A. STREET ADDRESS CITY-SI-ZIP FT LAUDERDALE, FL TITLE VP STATE PT LAUDERDALE, FL TITLE VP STATE PT LAUDERDALE, FL TITLE VP STATE		
NAME	10.	OFFICERS AND DIRECTORS
STREET ADDRESS 2835 NE 35TH ST	TITLE	PD
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CITY-SI-ZIP JUPITER, FL TITLE NAME STREET ADDRESS	NAME	ECKENRODE, JAMES V.
TITLE NAME STREET ADDRESS	STREET ADDRESS	17088 133RD TRAIL NORTH
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	NAME	
CITY Of 7P	STREET ADDRESS	
(iii 3)-4i	CITY - ST - ZIP	

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12. Thereby 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04 954-491-2712