2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 541651

1. Entity Name
ABRAY CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
765 DUNBAR AVE.	PO BOX 338
OLDSMAR, FL 34677 US	OLDSMAR, FL 34677 US

DO NOT WRITE IN THIS SPACE

04232004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-1751557		Not Applicable

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

6. Name and Address of Current Registered Agent

DAMOTH, MIKE
18638 JIRETZ RD
ODESSA, FL 33556

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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
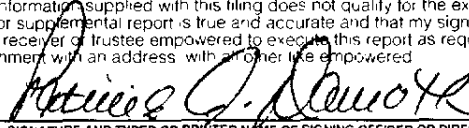
FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAMOTH, MIKE
STREET ADDRESS	18638 JIRETZ RD
CITY-ST-ZIP	ODESSA, FL
TITLE	ST
NAME	DAMOTH, PATRICIA A
STREET ADDRESS	18638 JIRETZ RD
CITY-ST-ZIP	ODESSA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U0U000198804
04/29/04-80034-017 150.00

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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)(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 other like empowered

SIGNATURE: _Patricia A. Damoth_   04-27-04   813-855-4666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Patricia A. Damoth, ST