2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90035 006 ***150.00

DOCUMENT # 618791

1. Entity Name
J.W. PAYNE CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1236 POCANTICO LN NAPLES, FL 34110 US	PO BOX 110175 NAPLES, FL 34108 US

02032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
538 FAIRWAY TERRACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL.	City & State
Zip: 34103 Country: US	Zip Country

4. FEI Number
59-1907613

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAYNE, JOHN W.
1236 POCANTICO LN
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name: PAYNE, JOHN W.
Street Address (P.O. Box Number is Not Acceptable): 538 FAIRWAY TERRACE
City: NAPLES FL Zip Code: 34103

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS PAYNE, JOHN W. 1236 POCANTICO LN NAPLES, FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	538 FAIRWAY TERRACE NAPLES, FL. 34103	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: John W Payne — 2/3/04 — 239-566-8158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN W. PAYNE