2004 FOR PROFIT CORPORATION

FILED Apr 19, 2004 8:00 am

ANNUAL REPORT							Secretary of State				
1. Entity Nam	ne	# 849529 STRUCTION COM	IPANY, IN	C.				04-19-200			
Principal Place of Business 1312 PALMETTO AVENUE WINTER PARK, FL 32789			Mailing Address P.O. DRAWER 2399 WINTER PARK, FL 32790 US						24048		
2. Principal Place of Business			3. Mailing Address				a pro-				
Suite, Apt. #, etc.			Suite. Apt. #, etc.				01122004	Chg-P	CR2E0	34 (10/03)	
City & State			City & State				4. FEI Numb 62-081		***************************************		plied For t Applicable
Zip	Country		Zip .		Country	5. Certifica		of Status Desired		\$8.75 Add Fee Required	itional
	6. Name	and Address of Current	Registered Ag	gent			7. Name and	Address of New	Registered A	gent	
BOOTH, RICHARD L 1312 PALMETTO AVENUE WINTER PARK, FL 32789					Name Street A	ddress (i	P.O. Box Numb	er is Not Acceptab	le)		
							FL Zip Code				
8. The above the obligat	e named entit tions of regist	y submits this statement fo tered agent.	r the purpose o	of changing its re	egistered office or	r register	ed agent, or bo	th, in the State of F	lorida. I am f	amiliar with,	and accept
0,0,0,0,0,0	Signature, typed	or printed name of registered agent	and title il applicable	. (NOTE.	Registered Agent signati	ure required	when reinstating)		DATE		_
After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee will be \$550.	DO Tr	lection Campaig rust Fund Contrib	oution.		00 May Be ed to Fees	-			
10		OFFICERS AND	DIRECTORS		11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1312 PAL	RICHARD L. METTO AVENUE PARK, FL 32789		Delete ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	VALD F. METTO AVENUE PARK, FL 32789		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NN METTO AVENUE PARK, FL 32789		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
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
NAME THE				Delete	TITLE NAME STREET ADDRESS		***.			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)(1). 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