2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2004 08:00 AM

DOCUMENT # 855061 1. Entity Name GREAT MONUMENT CONSTRUCTION COMPANY					Secretary of State				
Principal Plac 301 MERRIT NORWALK, C	T SEVEN 6TH FLR	Mailing Address 301 MERRITT SEVEN 6TH FLR NORWALK, CT 06851 US							
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E0	34 (10/03)	·-
City & Stat		City & State				er 72882		No	plied For t Applicable
Zip	Country	Zip	Country			e of Status Desired	<u> </u>	\$8.75 Add Fee Required	
	6. Name and Address of Curre	7. Name and Address of New Registered Agent Name							
1201 HAY	ATION SERVICE COMPANY S STREET	,	Street Addre		s (P.O. Box Number is Not Acceptable)				
IALLAMAS	SSEE, FL 32301								
				City			FL	Zip Code	3
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									
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55	9. Election Camp 0.00 Trust Fund Co			5.00 May Be ded to Fees				
10.		ND DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND		
TITLE NAME STREET ADDRESS	PSD LEVY, JEFFREY M 101 MERRITT SEVEN	☐ Delete TITL NAN STR				U00000040671 Change Addition 02/09/04-80058-001 150.00			
CITY-ST-ZIP	NORWALK, CT 06851			-ST-ZIP	<u> </u>	 			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONELAN, FRANK 301 MERRITT SEVEN NORWALK, CT 06851	-		ŧ		<u> </u>	•	Change	☐ Addillon
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P JORDAN, STEVEN C 1781 NW NORTH RIVER DR MIAMI, FL 33125	IDelete TI IN, STEVEN C W NORTH RIVER DR					<u> </u>	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	:		• , ,,,	·	Change	Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-				☐ Change	☐ Addition
12. I hereby of indicated of the corchanged,	certify that the information supplied of on this report or supplemental report poration or the received pytrustee or, or on an attachment with an address	with this filling does not qualify in its true and accurate and that inpowered to execute this repose, with all other like empowere	for the exer t my signat ort as required.		. 1			_	formation or director Block 11 if
SIGNAT	URE: MGNATURE AND TYPE	PRINTED NAME OF SIGNING OFFICE	ER OR DIRECT		1/25/0,	Q 203		-7800 aytima Prione #	
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