


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90057 023 ***150.00

DOCUMENT # F00000006443					
1. Entity Name BESSEY CONSTRUCTION, INC.					
Principal Place of Business - 1011 EAST LINCOLN ST. #9 EAST TAWAS, MI 48730			Mailing Address - 1011 E LINCOLN ST #9 EAST TAWAS, MI 48730		
2. Principal Place of Business 664 Aulerich Road Suite, Apt. #, etc.		3. Mailing Address 664 Aulerich Road Suite, Apt. #, etc.			
City & State East Tawas, MI		City & State East Tawas, MI		4. FEI Number 38-3534431	
Zip 48730		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BESSEY, DENNIS J 1020 ROYAL PALM DR BAREFOOT BAY, FL 32976			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	CDPV BESSEY, DENNIS J 1011 E LINCOLN ST #9 EAST TAWAS, MI 48730		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPV Bessey, Dennis J. 664 Aulerich Road East Tawas, MI 48730	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
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: _____			Date: 1-22-04 Daytime Phone #: 989-362-3035		