2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002626

FILED Mar 15, 2004 Secretary of State

Entity Name: RESORT CONSTRUCTION SERVICES INC

Current Principal Place of Business:		New Principal Place of Business:		
02 S SHO TUART,	ORE RD FL 34994			
urrent N	lailing Address	:	New Mailing Add	ress:
	TH SHORE BLVI FL 34994)		
El Number	: 65-1097950	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of Cu	ırrent Registered Agent:	Name and Addres	ss of New Registered Agent:
	RT, DAVID F TH SHORE RD			
TUART, he above	FL 34995 US e named entity su		ourpose of changing its regist	ered office or registered agent, or both,
TUART, he above the Stat	FL 34995 US e named entity so e of Florida.		ourpose of changing its regist	ered office or registered agent, or both,
TUART, he above the Stat	FL 34995 US e named entity so e of Florida. RE:			ered office or registered agent, or both, Date
TUART, he above the Stat IGNATU	FL 34995 US e named entity so e of Florida. RE: Electronic	ມbmits this statement for the ເ		
TUART, he above the State IGNATU lection Ca	FL 34995 US e named entity so e of Florida. RE: Electronic	ubmits this statement for the positions of Registered Ago Trust Fund Contribution ().	ent	
TUART, he above the State IGNATU lection Ca	e named entity so e of Florida. RE: Electronic mpaign Financing S AND DIRECT	ubmits this statement for the personal statement	ent	Date
TUART, he above the State IGNATU lection Car PFFICER ttle: ame: ddress:	e named entity sue of Florida. RE: Electronic mpaign Financing S AND DIRECT PCD ()I STABBERT, DAV 102 S SHORE RI STUART, FL 348	ubmits this statement for the position of the position of Registered Age Trust Fund Contribution (). ORS: Delete ID F D 1994 Delete RE G	ent ADDITIONS/CHAI Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID F. STABBERT PRES 03/15/2004