


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005619</b> 1. Entity Name <b>CONSTRUCTION ASSURANCE CORPORATION</b>	
---	---

Principal Place of Business <b>7370 COLLEGE PARKWAY UNIT 303 FORT MYERS, FL</b>	Mailing Address <b>120 NORTH MAIN STREET ANNA, IL 62906</b>
--	--

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
**JURSINSKI, KEVIN F P.A.  
7800 UNIVERSITY POINTE DRIVE STE. 200  
FORT MYERS, FL 33907**

**DO NOT WRITE  
IN THIS SPACE**

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.

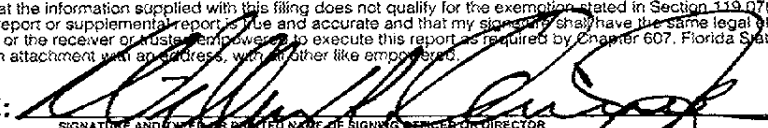
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000121598 04/20/04-80060-006 150.00</b>
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CST CUNNINGHAM, WILLIAM R 16920 TIMBERLAKES DRIVE FORT MYERS, FL 33908</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CUNNINGHAM, SHIRLEY R 16920 TIMBERLAKES DRIVE FORT MYERS, FL 33908</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:**  **SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_