

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F28981

FILED
Apr 23, 2004
Secretary of State

Entity Name: LOYD & LOYD CONSTRUCTION COMPANY, INC.

Current Principal Place of Business:

11442 W GRYBECK DRIVE
HOMOSASSA, FL 34448 US

New Principal Place of Business:

817 PALM FOREST LN
CLERMONT, FL 34711 US

Current Mailing Address:

11442 W GRYBECK DRIVE
HOMOSASSA, FL 34448 US

New Mailing Address:

817 PALM FOREST LN
CLERMONT, FL 34711 US

FEI Number: 59-2090483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOYD-KILGORE, EVELYN IRENE
11442 W GRYBECK DRIVE
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

LOYD, AMBER L VP/S
817 PALM FOREST LN
CLERMONT, FL 34711 US

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.

SIGNATURE: AMBER LOYD

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: KILGORE, ROBERT R
Address: 11442 W GRYBECK DRIVE
City-St-Zip: HOMOSASSA, FL 34448

Title: VS () Delete
Name: LOYD, EVELYN JO,
Address: 11442 W GRYBECK DRIVE
City-St-Zip: HOMOSASSA, FL 34448

Title: V (X) Delete
Name: LOYD, DORIS LEE,
Address: 11442 W GRYBECK DRIVE
City-St-Zip: HOMOSASSA, FL 34448

Title: P () Delete
Name: LOYD, SAMMY A., II,
Address: 11442 W GRYBECK DRIVE
City-St-Zip: HOMOSASSA, FL 34448

Title: PS (X) Delete
Name: LOYD-KILGORE, EVELYN IRENE
Address: 11442 W GRYBECK DRIVE
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change () Addition
Name: AMBER, LOYD L VS
Address: 817 PALM FOREST LN
City-St-Zip: CLERMONT, FL 34711 US

Title: VS (X) Change () Addition
Name: LOYD, EVELYN JO,
Address: 817 PALM FOREST LN
City-St-Zip: CLERMONT, FL 34711 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LOYD, SAMMY A., II,
Address: 817 PALM FOREST LN
City-St-Zip: CLERMONT, FL 34711 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AMBER LOYD

VS

04/23/2004

Electronic Signature of Signing Officer or Director

Date