2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# F97000006373

Entity Name: GENERAL CONTRACTING (USA) CO. LIMITED

Current Principal Place of Business:

5520 GLADES CUTOFF RD
FT PIERCE, FL 34981 US

New Principal Place of Business:

Current Mailing Address:

5520 GLADES CUTOFF RD
FT PIERCE, FL 34981 US

New Mailing Address:

FEI Number: 59-3476586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEMPSEY, W G ESQ
505 S.FLAGLER DR., #1330
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	UPRIGHT, CLIFFORD I	
Address:	NEW HOUSE ATCH LENCH NEAR EVESHAM	
City-St-Zip:	WORCESTERSHIRE UNITED KINGDO,	
Title:	V	( ) Delete
Name:	ROBINSON, JAMES	
Address:	5520 GLADES CUTOFF RD.	
City-St-Zip:	FT PIERCE, FL 34981	
Title:	SD	( ) Delete
Name:	SMITH, PATRICIA L	
Address:	STATION RD WARWICK HOUSE	
City-St-Zip:	KENILWORTH WARWICKSHIRE UK,	
Title:	D	( ) Delete
Name:	UPRIGHT, CLIFFORD	
Address:	STATION RD WARWICK HOUSE	
City-St-Zip:	KENILWORTH WARWICKSHIRE UK,	
Title:	T	( ) Delete
Name:	HENDERSON, JAMES	
Address:	6827 N. ORANGE BLOSSOM TRAIL, #2	
City-St-Zip:	ORLANDO, FL 32860	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JAMES HENDERSON T 04/30/2004

Electronic Signature of Signing Officer or Director — Date