2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G06889

1. Entity Name ROWAN CONSTRUCTION COMPANY, INC.



FILED Apr 30, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1840 N.W. 33RD ST. POMPANO BEACH, FL 33064

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04282004	Na Cha-P	CR2E034 (10/03)	

4. FEI Number Applied For Not Applicable 59-2453699

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWAN, CHARLES 1840 NW 33RD ST. POMPANO BCH., FL 33064

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		w.aa.j.eech			
	named entity submits this statement for the pons of registered agent.	urpose of changing its registered o	flice or r	egistered agent, or bo	th, in the State of Florida I am familiar with, and accept
SIGNATURE_	Signature Typed or printed name of registered agent and title fi	appincable (FIOTE: Registered Aye	mt signature	required when re resisting)	CATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution	, \Box	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
uill Name Street address City-St-&P	PD ROWAN, CHARLES 1840 NW 33RD ST POMPANO BCH, FL				U00000144804 U4/30/04-80144-011 158.75
UTLE NAME SIRE LADDRESS CILY-SI-ZP	SD INFINGER, WILLIAM R 1840 NW 33RD STREET POMPANO BEACH, FL				and the second of the second o
HILL WAME SING LADDRESS CHY-SI- OP				DO	NOT WRITE
THEF NAME STREET ADDRESS CHY-ST-/IP				IN '	THIS SPACE
NAME SIREFT ADDRESS CITY-ST-20				*****	<u>-</u>
NAME STREET ADORESS CITY-ST-ZP				0.110.270	v(i). Florida Statutes. I further certify that the information

consequency of the present of supplied with this start possible of the exemption state in second 119.07(3), Fronta states in supplied with this fact and accurate and that my signature shall have the same legal effect as if made under oath, that I am officer of rice tor of the corporation or the receiver or trustee empowered to execute his 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:	\mathcal{C}	/	CHarles	R	· · · ·	Provident	4-29-6	<u>۶ د</u>	
). O. 17 11 O. 1—1 .	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			ron		Date		Elaytime Phone If	