


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # G61040	
1. Entity Name CUNDIFF CONSTRUCTION AND DRAFTING, INC.	

Principal Place of Business P.O. BOX 420427 KISSIMMEE, FL 34742	Mailing Address P.O. BOX 420427 KISSIMMEE, FL 34742
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04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2329828	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CUNDIFF, PAULA R 14 GLENDALE DR. KISSIMMEE, FL 34742
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNDIFF, EDWARD N 14 GLENDALE DR. KISSIMMEE, FL 34742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUNDIFF, EDDIE M. 226 PINE AVE. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CUNDIFF, PAULA R. 14 GLENDALE DR KISSIMMEE, FL 34742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/30/04-80049-021 150.00

**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 all other like empowered.

SIGNATURE: Edward N. Cundiff **EDWARD N. CUNDIFF** 4/27/04 407-343-2969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #