


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90047 048 ***163.75

DOCUMENT # G92571	
1. Entity Name CONSTRUCTION JUNCTION, INCORPORATED	

Principal Place of Business HC4 BOX 963 OLD TOWN, FL 32680 US	Mailing Address P O BOX 607 OLD TOWN, FL 32680 US
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2. Principal Place of Business Suite, Apt. #, etc. 252 NE, 545th Ave City & State Old town FL Zip 32680 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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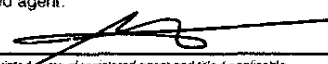
03032004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2391600	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MACLEOD, KIM HC 4 BOX 963 OLD TOWN, FL 32680
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7. Name and Address of New Registered Agent Name Kim Macleod Street Address (P.O. Box Number is Not Acceptable) 252 NE, 545th Ave City Old Town FL Zip Code 32680
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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.	DATE 03/03/04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACLEOD, KIM PO BOX 607 OLD TOWN, FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACLEOD, DONALD PO BOX 607 OLD TOWN, FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 03/03/04	DAYTIME PHONE # 352-281-7993
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24024503



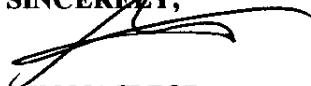
Attachment
#692571
24024503

TO: DIVISION OF CORPORATIONS
P.O. BOX 6327 (1500)
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN,

PLEASE BE ADVISED THAT WE DON'T APPRECIATE OUR COMPANY NUMBER
APPEARING ON THE EXTERIOR OF THE ANNUAL REPORT NOTICE.
THE FACT IS THAT ANYBODY CAN OBTAIN THE INFORMATION FOR A
COMPANY ON THE INTERNET AND TAMPER WITH THE LEGAL INFORMATION.

SINCERELY,



KIM MACLEOD