

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H02976

FILED  
Mar 31, 2004  
Secretary of State

Entity Name: ALL BUILDING CONSTRUCTION, INC.

## Current Principal Place of Business:

% MICHAEL JOHN NOWOGROCKI  
P.O. BOX 1297 32131 HICKORY LANE  
SORRENTO, FL 32776

## New Principal Place of Business:

## Current Mailing Address:

% MICHAEL JOHN NOWOGROCKI  
P.O. BOX 1297 32131 HICKORY LANE  
SORRENTO, FL 32776

## New Mailing Address:

FEI Number: 59-2414220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOWOGROCKI, MICHAEL JOHN  
32131 HICKORY LANE  
PO BOX 1297  
SORRENTO, FL 32776

## 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: PDC ( ) Delete  
Name: NOWOGROCKI, MICHAEL,  
Address: 32131 HICKORY LANE  
City-St-Zip: SORRENTO, FL

Title: VDT ( ) Delete  
Name: NOWOGROCKI, ANALESSA, J.  
Address: 32131 HICKORY LANE  
City-St-Zip: SORRENTO, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition  
Name: NOWOGROCKI, KRISTINA, A.  
Address: 32131 HICKORY LANE  
City-St-Zip: SORRENTO, FL 32776

Title: D ( ) Change (X) Addition  
Name: NOWOGROCKI, MICHAEL, J. JR.  
Address: 32131 HICKORY LANE  
City-St-Zip: SORRENTO, FL 32776

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: MICHAEL J. NOWOGROCKI

PDC

03/31/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date