

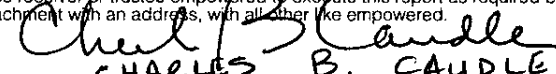
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90001 045 ***158.75

DOCUMENT # H05124			
1. Entity Name CAUDLE CONSTRUCTION, INCORPORATED			
Principal Place of Business 2680 WASSUM TR PO BOX 307 CHULUOTA FL 32766 US		Mailing Address PO BOX 307 CHULUOTA FL 32766 US	
2. Principal Place of Business 1267 SECRETARIAT PL.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CHULUOTA, FL.		City & State	
Zip 32766	Country USA.	Zip	Country
6. Name and Address of Current Registered Agent CAUDLE, CHARLES B. 2680 WASSUM TR CHULUOTA FL 32766		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAUDLE, CHARLES B. 2680 WASSUM TR CHULUOTA FL 32766 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANTOINETTE T. CAUDLE 1267 SECRETARIAT PL. CHULUOTA, FL. 32766 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: 
CHARLES B. CAUDLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04 **407-365-9089**
Date Daytime Phone #