## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H35616

FILED Jan 06, 2004 Secretary of State

Entity Nan	ne: S&FCON	NSTRU	CTION, INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	IST STREET BEACH, FL 3	3435	US					
Current Mailing Address:				New Maili	New Mailing Address:			
	1ST STREET BEACH, FL 3	3435	US					
FEI Number:	59-2499604	FEI Nu	mber Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired	( )	
Name and	Address of Co	urrent l	Registered Agent:	Name and	Name and Address of New Registered Agent:			
SUITE 314 BOCA RAT	TH FEDERAL F FON, FL 33431	US				d office and a south as on the		
in the State	of Florida.	ubmits	inis statement for the p	surpose or changing i	is registered	d office or registered agent, or	botn,	
SIGNATUR	RE:							
		ŭ	ture of Registered Age	ent		Date		
Election Can	npaign Financing	Trust Fu	und Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( ) I FORD, JAMESD 3927 89TH RD S BOYNTON BEAC	3		Title: Name: Address: City-St-Zip:	FORD, JAMI 2180 SE 1S			
Title: Name: Address: City-St-Zip:	V () FORD, CASET 2729 GRADUATI ORLANDO, FL 3			Title: Name: Address: City-St-Zip:	FORD, CASI 2180 SE 1S			

City-St-Zip: BELLE GLADE, FL Title: () Delete FORD, LINDÀ É Name: Address:

MCMULLEN, JIM

111 ROYAL PALM WAY

( ) Delete

Title:

Name:

Address:

3927 89TH RD SOUTH BOYNTON BEACH, FL City-St-Zip:

FORD, LINDA E Name: Address: 2180 SE 1ST ST

BOYNTON BEACH, FL 33435 City-St-Zip:

() Change () Addition

(X) Change ( ) Addition

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: JAMES FORD 01/06/2004