2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H57234

Entity Name: PORT SQUARE CONSTRUCTION, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18167 US HWY 19 N 18167 U.S. HIGHWAY 19 NORTH

SUITE 660 660

CLEARWATER, FL 33764 US CLEARWATER, FL 33764

Current Mailing Address: New Mailing Address:

18167 U.S. HIGHWAY 19 NORTH 18167 US HWY 19 N SUITE 660

US

CLEARWATER, FL 33764 CLEARWATER, FL 33764

FEI Number: 59-2525680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, R. KELLEY JOHNSON, R. KELLEY 18167 US 19 N 18167 U.S. HIGHWAY 19 NORTH

STE 660 SUITE 660

CLEARWATER, FL 33764 CLEARWATER, FL 33764

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: 04/30/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

JOHNSON, R. KELLEY, JOHNSON, R. KELLEY, Name: Name:

18167 US 19 N 660 18167 U.S. HIGHWAY 19 NORTH, SUITE 660 Address: Address:

City-St-Zip: CLEARWATER, FL City-St-Zip: CLEARWATER, FL 33764

Title: DS Title: DS () Delete (X) Change () Addition

EZELL, NEIL Name: Name: FZFLL NEIL

18167 US HWY 19 660 Address: 18167 U.S. HIGHWAY 19 NORTH, SUITE 660 Address:

CLEARWATER, FL CLEARWATER, FL 33764 City-St-Zip: City-St-Zip:

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: NEIL EZELL 04/30/2004 DS