


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90016 042 \*\*\*150.00

<b>DOCUMENT # J01054</b> 1. Entity Name <b>MIKE CAMPBELL CONSTRUCTION COMPANY, INC.</b>					
Principal Place of Business <b>% SHARON CAMPBELL 3415 BELCHER DR TAMPA, FL 33629</b>			Mailing Address <b>% SHARON CAMPBELL 3415 BELCHER DR TAMPA, FL 33629</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2710 W. Leila Avenue</b> Suite, Apt. #, etc.			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>		4. FEI Number <b>59-2642296</b>	
Zip <b>33611</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAMPBELL, SHARON 3415 BELCHER DR TAMPA, FL 33629</b>			7. Name and Address of New Registered Agent Name <b>SHARON Campbell</b> Street Address (P.O. Box Number is Not Acceptable) <b>2710 W Leila Ave</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33611</b>		
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 <u><i>Sharon Campbell</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAMPBELL, MIKE 3415 BELCHER DR TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2710 W. Leila Ave Tampa, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CAMPBELL, SHARON 3415 BELCHER DR TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2710 W Leila Ave Tampa, FL 33611
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	
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	
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	
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.					
SIGNATURE: <u><i>Sharon Campbell</i></u> <b>1/30/04</b> <b>(813)837-9552</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					