2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J03657



FILED May 04, 2004 8:00 am Secretary of State

CONSTRUCTION MANAGEMENT ASSOCIATES CO.						05-04-20	04 901 58	. 027 ***	150.00		
Principal Place	e of Business	Mailing Address		•							
8680 N ATLANTIC AVE . 8680 N ATLANTIC AVE											
P O BOX 163 CAPE CANAV	30 E ra l, FL 32920-8630	P O BOX 1630 Cape Canaveral, FL	32920-8	8630			2520 (M2 0HD) 2M1 122			1881: II 1887	
2. Principal Place of Business 3.		3. Mailing Address	. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01082004	Chg-P	CR2E03	34 (10/03)		
City & State		City & State	City & State			4. FEI Number 59-2654792				Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		8.75 Add ee Required			
	6. Name and Address of Current	Registered Agent		Name		7. Name and A	Address of New R	egistered A	gent		
STOTTLER, RICHARD H. JR. 8680 N ATLANTIC AVE CAPE CANAVERAL, FL 32920			Street Address (P.O. Box Number is Not Acceptable)								
	,			- 0'					T = 5		
				City				FL	Zip Code)	
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	ed office or re	egister	ed agent, or both	, in the State of Flo	orida. I am fa	amiliar with,	and accept	
SIGNATURE_											
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	d Agent signature	required	when reinstating)		DATE			
FILI After Ma	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.	9. Election Campai Trust Fund Contr		ncing		00 May Be ed to Fees					
10.	OFFICERS AND		11.			_	HANGES TO OFF	ICERS AND			
title Name	PD STOTTLER, RICHARD H	☐ Delete	TITLE NAMI) V	P			Change	Addition	
STREET ADDRESS	8680 N. ATLANTIC AVENUE			ET ADDRESS						j	
CITY-ST-ZIP	CAPE CANAVERAL, FL	<u> </u>	CITY	-ST-ZIP							
TITLE	VD .	☐ Delete	TITLE	E						☐ Addition	
NAME OTREET ARRESTED	EARE HARRY								Change	L AGGILION	
Street address City-St-ZIP	7980N. ATLANTIC AVENUE		NAM	· I					Change	Auditori	
	1 (%)\$T:		STRE	ET ADDRESS					☐ Change		
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I nereby certify that the information supplied with this filling does not quality for the exemption issued in section 119-07-070, Florida Statutes. I have a 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 ordin; 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.

Post April 123-07.

**Post A

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR