2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 06, 2004 08:00 AM **Secretary of State** DOCUMENT # J42406 1. Entity Name DON ANDERSON CONSTRUCTION, INC. Principal Place of Business Mailing Address 560 CENTER ST. 560 CENTER ST. STE 1 STE 1 JUPITER, FL 33458 JUPITER, FL 33458 US IIS 01092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2739321 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANDERDSON, DON DO NOT WRITE **560 CENTER STREET** STE 1 IN THIS SPACE JUPITER, FL 33458 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 famillar 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 U00000037821 02/06/04-80114-005 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE ANDERSON, DON NAME 560 CENTER ST. STE ONE STREET ADDRESS CITY-ST-ZIP JUPITER, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Elerida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall trave the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 407. For idea 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.

TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Don Anderson, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR