



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90351 013 \*\*\*150.00

<b>DOCUMENT # J52912</b> 1. Entity Name <b>COURSEY CONSTRUCTION COMPANY, INC.</b>					
Principal Place of Business <b>2554 BLANDING BLVD.</b> <del>STE-881- L</del> <b>MIDDLEBURG FL 32068</b>				Mailing Address <b>2554 BLANDING BLVD.</b> <del>STE-881- L</del> <b>MIDDLEBURG FL 32068</b>	
2. Principal Place of Business <b>2554 Blanding Blvd.</b> Suite, Apt. #, etc. <b>STE. L</b> City & State <b>Middleburg, FL</b> Zip <b>32068</b>		3. Mailing Address <b>2554 Blanding Blvd.</b> Suite, Apt. #, etc. <b>STE. L</b> City & State <b>Middleburg, FL</b> Zip <b>32068</b>		 MOORE CR2E034 (11/03)	
4. FEI Number <b>59-2758222</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HAMILTON, WILLIAM A., III</b> <b>1210 KINGSLEY AVENUE</b> <b>SUITE 2</b> <b>ORANGE PARK FL 32073</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COURSEY, MARY H. 5380 LOCH NESS DR. KEYSTONE HEIGHTS FL	<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	P COURSEY, WILLIAM P. J 5380 LOCH NESS DR. KEYSTONE HEIGHTS FL	<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	VD COURSEY, KEVIN S. 2254 BLANDING BL S881 MIDDLEBURG FL	<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	AS COURSEY, KEVIN S. 2554 BLANDING BL S881 MIDDLEBURG FL	<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:** William P. Coursey Jr. **4-28-04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #