


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91002 014 \*\*\*150.00

<b>DOCUMENT # J53395</b>	
<b>1. Entity Name</b> C. H. GITTNER CONSTRUCTION, INC.	

<b>Principal Place of Business</b> 411 DUNLAWTON AVENUE PORT ORANGE FL 32119 US	<b>Mailing Address</b> 411 DUNLAWTON AVENUE PORT ORANGE FL 32119 US
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<b>2. Principal Place of Business</b> 5188 Riverside Dr	<b>3. Mailing Address</b> 5188 Riverside Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

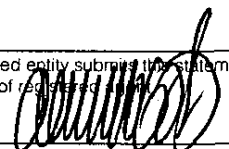
<b>City &amp; State</b> Port Orange, Florida	<b>City &amp; State</b> Port Orange, Florida
<b>Zip</b> 32127	<b>Zip</b> 32127
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 59-2765960	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> GITTNER, CHARLES JR. 411 DUNLAWTON AVE. PT. ORANGE FL 32119
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<b>7. Name and Address of New Registered Agent</b>
<b>Name</b> Gittner, Charles Jr.
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 5188 Riverside Dr
<b>City</b> Port Orange, FL
<b>Zip Code</b> 32127

<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.</b>
<b>SIGNATURE</b> 
<b>DATE</b> 2/16/04

<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>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> GITTNER, CHARLES JR.	
<b>STREET ADDRESS</b> 411 DUNLAWTON AVE.	
<b>CITY-ST-ZIP</b> PORT ORANGE FL	
<b>TITLE</b> STD	<input type="checkbox"/> Delete
<b>NAME</b> GITTNER, CRAIG H.	
<b>STREET ADDRESS</b> 10MARSH LANDING CT.	
<b>CITY-ST-ZIP</b> PONCE INLET FL	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Gittner, Charles Jr.	
<b>STREET ADDRESS</b> 5188 Riverside Dr	
<b>CITY-ST-ZIP</b> Port Orange, FL 32127	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>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.</b>
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<b>SIGNATURE:</b> 	<b>DATE</b> 2/16/04	<b>Daytime Phone #</b> (386) 741-9667
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