


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J62432		
1. Entity Name ARISTA CONSTRUCTION COMPANY INC.		

Principal Place of Business 9019 CHAYES CT TALLAHASSEE, FL 32309	Mailing Address 9019 CHAYES CT TALLAHASSEE, FL 32309
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## DO NOT WRITE IN THIS SPACE


6. Name and Address of Current Registered Agent	
SICIAK, WALTER 9019 CHAYES COURT TALLAHASSEE, FL 32309	

**FILED**

04 APR 30 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**KCA**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2774632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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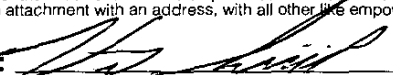
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SICIAK, WALTER 9019 CHAYES CT. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SICIAK, CATHERINE 9019 CHAYES CT. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLEMING, JAMES 501 PERSIMMON RD SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLASDEL, TRAVIS 44 SOLMON CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/04--01031--016 \*\*150.00

## DO NOT WRITE IN THIS SPACE

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:  850  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-30-04 668-6309  
 Date Daytime Phone #