

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90003 049 \*\*\*158.75

<b>DOCUMENT # J73040</b> 1. Entity Name <b>R. D. WARD CONSTRUCTION COMPANY, INC.</b>					
Principal Place of Business <b>15 EAST HERMAN ST</b> <b>PENSACOLA, FL 32505 US</b>			Mailing Address <b>15 EAST HERMAN ST</b> <b>PENSACOLA, FL 32505 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>59-2797889</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01072004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>WARD, SYLVIA H.</b> <b>4706 PEBBLE CREEK DR</b> <b>PENSACOLA, FL 32526</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1225 LA PAZ STREET</b> City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32506</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. SIGNATURE <i>Sylvia H. Ward</i> <b>SYLVIA H. WARD</b> <b>01/07/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WARD, SYLVIA H. 4706 PEBBLE CREEK DR PENSACOLA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1225 LA PAZ STREET</b> <b>PENSACOLA, FL 32506</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, SYLVIA H. 4706 PEBBLE CREEK DR PENSACOLA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1225 LA PAZ STREET</b> <b>PENSACOLA, FL 32506</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST WARD, RAYMOND D. 4706 PEBBLE CREEK DR PENSACOLA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1225 LA PAZ STREET</b> <b>PENSACOLA, FL 32506</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARD, RAYMOND D. 4706 PEBBLE CREEK DR PENSACOLA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1225 LA PAZ STREET</b> <b>PENSACOLA, FL 32506</b>	
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: <i>Sylvia H. Ward</i> <b>SYLVIA H. WARD</b> <b>01/07/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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