## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	MENT # J92610 construction, inc.				FILED
		ņš		JAN 28 AH 10: 38 RETARY OF STATE	
				01112005 No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 65-0018329	Applied For Not Applicable
	& Name and Address of Corners Ba	A	l	Certificate of Status Desire	Fee Required
DEUSE, JOHN D. QUEEN PALM DRIVE JACKSONVILLE, FL 32250			DO NOT WRITE IN THIS SPACE		
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					
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May 81 00046024951  Trust Fund Contribution.					
10.	OFFICERS AND DI	RECTORS			
NAME STREET ADDRESS CITY-ST-ZIP	DEUSE, JOHN D. 3334 QUEEN PALM DRIVE JACKSONVILLE, FL				
ntle Name Street address City_St_zip	VT DUESE, IRENE S. 3334 QUEEN PALM DR JACKSONVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS S	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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), 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 employered 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: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR SIGNATURE AND TYPED ON PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR					

Man