


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # J96784 1. Entity Name CONSTRUCTION INSURANCE CORPORATION	
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Principal Place of Business 2110 HERCHEL ST JACKSONVILLE, FL 32204 US	Mailing Address 2110 HERSCHEL ST JACKSONVILLE, FL 32204 US
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03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2853055	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent LOBRANO, THOMAS S. III 2110 HERSCHEL STREET JACKSONVILLE, FL 32204

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	ST LOBRANO, III T 10420 SYLVAN LN JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P; CONGELIO, JAMES 1849 SEMINOLE RD JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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)(f), 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 map address, with all other like empowered.

SIGNATURE:  **Tom S. Lobrano, Secretary**

DATE: 04/06/05 Daytime Phone #: 904-388-1988