
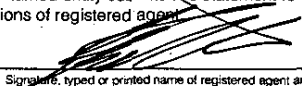



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-26-2004 90031 019 \*\*\*150.00

<b>DOCUMENT # K01363</b> 1. Entity Name <b>CONSTRUCTION, DESIGN, MANAGEMENT &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>365 GUS HIPP BLVD ROCKLEDGE, FL 32955 US</b>			Mailing Address <b>365 GUS HIPP BLVD ROCKLEDGE, FL 32955 US</b>		
2. Principal Place of Business <b>590 Solutions Way, #100</b> Suite, Apt. #, etc. <b>100</b>		3. Mailing Address <b>590 Solutions Way, #100</b> Suite, Apt. #, etc. <b>100</b>			
City & State <b>Rockledge, FL</b> Zip <b>32955</b>		City & State <b>Rockledge, FL</b> Zip <b>32955</b>		4. FEI Number <b>59-2864958</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROCKHOUSE, KEITH S 365 GUS HIPP BLVD ROCKLEDGE, FL 32955</b>			7. Name and Address of New Registered Agent Name <b>Keith S. Brockhouse</b> Street Address (P.O. Box Number is Not Acceptable) <b>590 Solutions Way, Suite 100</b> City <b>Rockledge</b> <b>FL</b> Zip Code <b>32955</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  DATE <b>2/23/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BROCKHOUSE, KEITH S. 365 GUS HIPP BLVD ROCKLEDGE, FL 32955</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P-T Brockhouse, Keith S. 590 Solutions Way, Suite 100 Rockledge, FL 32955</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S JOSEPH W. HADDOW 1278 TROON WAY ROCKLEDGE, FL 32955</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, S Joseph W. Haddow 1278 Troon Way Rockledge, FL 32955</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BARNES, RICKY G 365 GUS HIPP BLVD ROCKLEDGE, FL 32955</b> <input checked="" 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	
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.					
<b>SIGNATURE:</b> 			<b>2/23/04</b> <b>(321)631-7063</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					