### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # K26745**

Entity Name

JAYDEN CONSTRUCTION COMPANY OF FLORIDA, INC.



Principal Place of Business

580 VILLAGE BLVD.

SUITE 300

WEST PALM BEACH, FL 33409 US

Mailing Address

580 VILLAGE BLVD.

SUITE 300

WEST PALM BEACH, FL 33409

US

### FILED Mar 22, 2004 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

03052004 No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0055261 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENHOLTZ, STEWART F 580 VILLAGE BLVD. SUITE 300

WEST PALM BEACH, FL 33409

# DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	ourpose of changing its registered offi	ce or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agant and title	if applicable. (NOTE: Registered Agent	signaturi	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	CTORS	_		
TIILE NAME STREET ADDRESS CITY-ST-ZIP	VP DENHOLTZ, JACK W. 580 VILLAGE BLVD. STE 300 WEST PALM BEACH, FL 33409				U00000093181 03/22/04-80008-002 150.00
	1 -				

TITLE DENHOLTZ, STEWART 580 VILLAGE BLVD. STE 300 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33409 TITLE NAME MCNAMARA, COLLEEN J STREET ADDRESS 580 VILLAGE BLVD. STE 300 CITY-ST-ZIP WEST PALM BEACH, FL 33409 IILE 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)(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 of 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: \_

TITLE NAME STREET ADDRESS

C+2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04 561-242-0100 pate Phone &