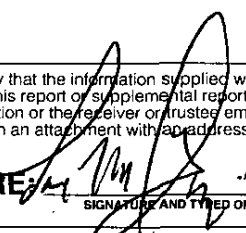


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90024 037 ***150.00

DOCUMENT # K86957 1. Entity Name AURORA CONSTRUCTION OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 737 DEL PRADO BLVD NE CAPE CORAL, FL 33909 US				Mailing Address 737 DEL PRADO BLVD NE CAPE CORAL, FL 33909 US	
2. Principal Place of Business 741 DEL PRADO BLVD NE Suite, Apt. #, etc.		3. Mailing Address 741 DEL PRADO BLVD NE Suite, Apt. #, etc.			
City & State		City & State		01132004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0141046	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent GRAZIANO, PAUL T. 2834 SW 50TH TERR CAPE CORAL, FL 33914	
Zip		Country		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 741 DEL PRADO BLVD NE City CAPE CORAL, FL Zip Code 33909	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAZIANO, PAUL T. 2834 SW 50TH TERR CAPE CORAL, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S 741 DEL PRADO BLVD NE CAPE CORAL, FL 33909	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T GRAZIANO, AMIE FAYE 741 DEL PRADO BLVD NE CAPE CORAL, FL 33909	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 			PAUL THADDEUS GRAZIANO Date 2/26/04 Daytime Phone # 239-574-5455		