


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90327 034 ***150.00

DOCUMENT # L09076 1. Entity Name J.H. BUHLER CONSTRUCTION, INC.					
Principal Place of Business C/O J.H. BUHLER SR. 2420 MALABAR RD MALABAR FL 32950 US			Mailing Address C/O J.H. BUHLER SR. P.O. BOX 500366 MALABAR FL 32950-0366 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2963682	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUHLER, JOSEPH H SR 2420 MALABAR RD MALABAR FL 32950			Name Buhler, Joseph - H - Sr Street Address (P.O. Box Number is Not Acceptable) 496 Marlin Cir Barefoot Bay, FL City Barefoot Bay FL Zip Code 32976		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BUHLER, JOSEPH H. SR. 2420 MALABAR ROAD MALABAR FL 32950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Buhler, Joseph H Sr 496 Marlin Cir Barefoot Bay, FL 32976 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUHLER, JOSEPH H. JR. 2420 MALABAR ROAD MALABAR FL <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	ST BUHLER, CAROLINE 2420 MALABAR ROAD MALABAR FL 32950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Buhler - Caroline 496 Marlin Cir Barefoot Bay FL 32976 <input checked="" 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	
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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.					
SIGNATURE: <u>Joseph H. Buhler Sr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/31/04</u> <small>Date</small>		
<small>Daytime Phone #</small>					