## 2004 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** May 03, 2004 08:00 AM Secretary of State **DOCUMENT # L15867** 1. Entity Name TOM LEWIS CONSTRUCTION, INC. Principal Place of Business Mailing Address % TOMMY V. LEWIS, JR. % TOMMY V. LEWIS, JR. 774 BANYAN DR 774 BANYAN DR MELBOURNE, FL 32935 MELBOURNE, FL 32935 04292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2974812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LEWIS, TOMMY V JR DO NOT WRITE 774 BANYAN DR. MELBOURNE, FL 32935 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. Signature, typed or printed name of registered agent and tale if applicable. CATE (NOTE: Recretered Apont stoneture required when reinstating) U00000154346 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 05/04/04-80163-014 15**0.**00 10. OFFICERS AND DIRECTORS TITLE LEWIS, TOMMY V. NAME STREET ADDRESS 774 BANYAN DR CRY-ST-ZIP MELBOURNE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR