

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90387 012 \*\*\*150.00

<b>DOCUMENT # L16281</b> 1. Entity Name <b>TATE CONSTRUCTION COMPANY</b>			
Principal Place of Business <b>489 MAW ST. NEW SMYRNA BEACH, FL 32168</b>		Mailing Address <b>C/O MELVIN C TATE 325 WILDER BLVD 303-B DAYTONA BEACH, FL 32114</b>	
2. Principal Place of Business <b>2003 SABAL PALM DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>C/O MELVIN C. TATE</b> Suite, Apt. #, etc. <b>2003 SABAL PALM DR</b>	
City & State <b>EDGEWATER, FL</b> Zip <b>32141</b>		City & State <b>EDGEWATER, FL</b> Zip <b>32141</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2970738</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TATE, MELVIN C. 325 WILDER BLVD. #303-B DAYTONA BEACH, FL 32114</b>		7. Name and Address of New Registered Agent Name <b>TATE, MELVIN C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2003 SABAL PALM DR</b> City <b>EDGEWATER</b> <b>FL</b> Zip Code <b>32141</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: <i>Melvin C. Tate</i> <b>MELVIN C. TATE</b> <b>4-27-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PST</b> NAME <b>TATE, MELVIN C.</b> <input type="checkbox"/> Delete STREET ADDRESS <b>325 WILDER BLVD. #303-B</b> CITY-ST-ZIP <b>DAYTONA BEACH, FL</b>	TITLE <b>PST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>MELVIN C. TATE</b> STREET ADDRESS <b>2003 SABAL PALM DR.</b> CITY-ST-ZIP <b>EDGEWATER, FL - 32141</b>		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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: <i>Melvin C. Tate</i> <b>MELVIN C. TATE</b> <b>4-27-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-27-04</b> Daytime Phone # <b>386-544-1784</b>	