2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2004 08:00 AM Secretary of State DOCUMENT # L34208 1. Entity Name ACD CONSTRUCTION CORP. Principal Place of Business Mading Address 1928 CHESAPEAKE DR 1928 CHESAPEAKE DR ODESSA FL 33556 US ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0170573 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEFORGE, DAVYLYN K Street Address (P.O. Box Number is Not Acceptable) 1928 CHESAPEAKE DR ODESSA FL 33556-3648 City Zip Code 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 title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI 11. TEST ☐ Defete HILE ☐ Change ☐ Addition DEFORGE, ANDREW C. NAME MARAS STREET ADDRESS 1928 CHESAPEAKE DR STREET ADDRESS CHTY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP ☐ Delete TIES F ☐ Change Addition DEFORGE, DAVYLYN K NAME U00000050666 02/16/04-80020-004 150.00 STREET ADDRESS 1928 CHESAPEAKE DR STREET ADDRESS CITY ST-ZIP ODESSA FL 33556 CITY-ST-ZIP THEE Delete THE ☐ Change ☐ Addition NAME NONE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEF ☐ Delete TITLE Chance ☐ Addition NAME NAME STRELT ADDRESS STREET ADDRESS CITY-ST-78 CITY-SI-ZIP TITLE ☐ Delete 3133 F ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADORESS CHTY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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

K Deforge 2-10-04
Daylore Phone #

with an address, with all other like empowered

changed, or on an attachment

SIGNATURE:

FILED