


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L65922 1. Entity Name M G B CONSTRUCTION, INC.	
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Principal Place of Business 945 SEBASTIAN BLVD SEBASTIAN, FL 32958 US	Mailing Address 945 SEBASTIAN BLVD STE 3 SEBASTIAN, FL 32958 US
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3024913	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BALLOUGH, WILLIAM E.
3585 LUCIA DRIVE
VERO BEACH, FL 32967**

**DO NOT WRITE
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 title if applicable.

(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**

**U00000055382
02/17/04-80036-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALLOUGH, WILLIAM E. 3585 LUCIA DRIVE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BALLOUGH, CAROLE M. 3585 LUCIA DRIVE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMAM, JOHN M 9704 RIVERVIEW DRIVE MICCO, FL 32976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carole Ballough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Feb 2004

#772-589-7472

Date

Daytime Phone #