

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L80919</b> 1. Entity Name <b>CONSTRUCTION MEDIX INC.</b>	
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Principal Place of Business <b>3550 S.W. ST. LUCIE SHORES DR. PALM CITY FL 34990 US</b>	Mailing Address <b>3550 S.W. ST. LUCIE SHORES DR. PALM CITY FL 34990 US</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0195078</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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<b>BLAKE, DANIEL C. 3550 S.W. ST. LUCIE SHORES DR. PALM CITY FL 34990</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE	NAME	<input type="checkbox"/> Delete
P	BLAKE, DANIEL C	<input type="checkbox"/>
STREET ADDRESS 3550 S.W. ST. LUCIE SHORES DR.		
CITY - ST - ZIP PALM CITY FL 34990		
		<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>
U00000217038 02/07/05-80009-006 150.00		
		<input type="checkbox"/>

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: 	Date: <b>2/2/05</b>	Daytime Phone #: <b>772-223-7755</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #