2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State
04-27-2004 90051 037 ***150.00

DOCUMENT # M76325

1. Entity Name
CENTRAL STATE CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
~~111 NE 1ST STREET~~ 17133 NE Hwy 27A WILLISTON, FL 32696 Williston, FL 32696	P.O. BOX 538 BRONSON, FL 32621

DO NOT WRITE IN THIS SPACE

04162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2906547
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIS, EDWIN E
~~5491 N.E. 167TH COURT~~ 17133 NE Hwy 27-A
WILLISTON, FL 32696
Williston, FL 32696

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: Edwin E. Griffis 4-20-04
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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GRIFFIS, EDWIN E
STREET ADDRESS	~~5491 N.E. 167TH CT.~~
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	Pst
NAME	GRIFFIS, EDWIN E.
STREET ADDRESS	17133 NE Hwy 27-A
CITY-ST-ZIP	Williston, FL 32696
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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)(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: Edwin E. Griffis - Edwin E. Griffis - 4/20/2004 (352) 528-6859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #