


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

|  |                              |  |  |                                    |
|--|------------------------------|--|--|------------------------------------|
| <b>DOCUMENT # N02000007920</b><br>1. Entity Name<br>CANSTRUCTION-ORLANDO, INC.   |                              |                                       |  |                                    |
| Principal Place of Business<br>995 AUTUMN GLEN LANE<br>CASSELBERRY, FL 32707 US  |                              | Mailing Address<br>995 AUTUMN GLEN LANE<br>CASSELBERRY, FL 32707 US  |  |                                    |
| <b>DO NOT WRITE IN THIS SPACE</b>  |                              |  |  |                                    |
|  |                              |  |  | 04222004 No Chg-NP CR2E037 (10/03) |
|  |                              | 4. FEI Number<br>59-3654853  |  | Applied For<br>Not Applicable      |
|  |                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                        |  |                                    |
| 6. Name and Address of Current Registered Agent<br><br>SCHEINER, ANNA MARIA<br>2813 LAFAYETTE AVENUE<br>WINTER PARK, FL 32789  |                              | <b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                              |  |  |                                    |
| Filing Fee is <b>\$61.25</b><br>Due by <b>May 1, 2004</b>  |                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |                                    |
|  |                              | 11000000132848<br>04/27/04-80064-004 61.25   |  |                                    |
| 10. OFFICERS AND DIRECTORS   |                              |  |  |                                    |
| TITLE  | PD                           | <b>DO NOT WRITE IN THIS SPACE</b>  |  |                                    |
| NAME   | RUSNOCK, DEBORAH L           |  |  |                                    |
| STREET ADDRESS   | 995 AUTUMN GLEN LANE         |  |  |                                    |
| CITY-ST-ZIP  | CASSELBERRY, FL 32707        |  |  |                                    |
| TITLE  | VPD                          |  |  |                                    |
| NAME   | MCNICHOLAS, JACQUELYN        |  |  |                                    |
| STREET ADDRESS   | 930 WOODCOCK ROAD, SUITE 226 | <b>DO NOT WRITE IN THIS SPACE</b>  |  |                                    |
| CITY-ST-ZIP  | ORLANDO, FL 32803            |  |  |                                    |
| TITLE  | TD                           |  |  |                                    |
| NAME   | NEALY, SHARON                |  |  |                                    |
| STREET ADDRESS   | 18913 STARCREST LANE         |  |  |                                    |
| CITY-ST-ZIP  | CLERMONT, FL 34711           |  |  |                                    |
| TITLE  |                              | <b>DO NOT WRITE IN THIS SPACE</b>  |  |                                    |
| NAME   |                              |  |  |                                    |
| STREET ADDRESS   |                              |  |  |                                    |
| CITY-ST-ZIP  |                              |  |  |                                    |
| TITLE  |                              |  |  |                                    |
| NAME   |                              |  |  |                                    |
| STREET ADDRESS   |                              | <b>DO NOT WRITE IN THIS SPACE</b>  |  |                                    |
| CITY-ST-ZIP  |                              |  |  |                                    |
| TITLE  |                              |  |  |                                    |
| NAME   |                              |  |  |                                    |
| 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 617, 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: <u>Sharon P. Nealy</u> <u>SHARON L. NEALY</u>   |                              | Date <u>4/22/04</u> Daytime Phone # <u>352-241-8025</u>  |  |                                    |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                              |  |  |                                    |