

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

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000000381**

1. Entity Name  
**CONSTRUCTION INDUSTRY MANAGEMENT COUNCIL,  
INC.**



Principal Place of Business  
**140 YACHT CLUB WAY  
101  
HYPOLUXO, FL 33462 US**

Mailing Address  
**140 YACHT CLUB WAY  
101  
HYPOLUXO, FL 33462 US**



04072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0637306**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAPLAN, LAWRENCE A  
2424 N. FEDERAL HIGHWAY  
SUITE 257  
BOCA RATON, FL 33431**

**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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000155045  
05/05/04-80019-018 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TSD  
CANNON, NATASHA V  
140 YACHT CLUB WAY #101  
HYPOLUXO, FL 33462**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
GODFREY, ALBERT  
1224 OMAR RD.  
WEST PALM BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CD  
BYRNE, JOSEPH R  
1351 RACHETTE RD  
WEST PALM BEACH, FL 33415**

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)(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:** *Natasha Valerie Cannon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Natasha Valerie Cannon*  
**April 7, 2004 (561) 588-2099**  
Date Daytime Phone #