


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90054 010 ***150.00

DOCUMENT # P00000016021	
1. Entity Name DEANS CONSTRUCTION SERVICES, INC.	

Principal Place of Business 2215 KNIGHTS TRAIL ROAD NOKOMIS, FL 34274	Mailing Address PO BOX 698 NOKOMIS, FL 34274
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94032001

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

03122004 Chg-P- CR2E034 (10/03)

6. Name and Address of Current Registered Agent DEANS, SANDRA L 2215 KNIGHTS TRAIL RD NOKOMIS, FL 34274	
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7. Name and Address of New Registered Agent	
Name SONDRA L. DEANS	
Street Address (P.O. Box Number is Not Acceptable) 2215 Knights Trail Rd	
City Nokomis	FL Zip Code 34274

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 <u>Sondra L. Deans, Sondra L. Deans, Pres.</u>	DATE <u>3-12-04</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD DEANS, SONDRA 2215 KNIGHTS TRAIL RD PO BOX 698 NOKOMIS, FL 34274 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEANS, JAMES T 22154 KNIGHTS TRAIL RD PO BOX 698 NOKOMIS, FL 34274 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2215 Knights Trail Rd, PO Box 698 Nokomis, FL 34274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u>Sondra L. Deans, Pres.</u>	Date <u>3-12-04</u>	Daytime Phone # <u>941-4861-0730</u>
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Sondra L. Deans, President