

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025452

FILED
Apr 28, 2004
Secretary of State

Entity Name: INSULATED CONCRETE FORMS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

9 ISLAND DRIVE
EASTPOINT, FL 32328

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 281
EASTPOINT, FL 32328

New Mailing Address:

P.O. BOX 219
EASTPOINT, FL 32328

FEI Number: 59-3629231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNSON, LISA J
9 ISLAND DR.
EASTPOINT, FL 32328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MUNSON, LISA J
Address: P.O. BOX 219
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: DEMONIA, JAMES T
Address: P.O. BOX 1013
City-St-Zip: EASTPOINT, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA J MUNSON

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04/28/2004

Electronic Signature of Signing Officer or Director

Date