2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P00000034691 CONSTRUCTION MANAGEMENT SERVICES-OCALA, Principal Place of Business Mailing Address 8 SPRING RADIAL 8 SPRING RADIAL

6. Name and Address of Current Registered Agent

FILED Jan 16, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

OCALA, FL 34472

01132004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3642952 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

NEDELISKY, DARYL K 1650 NORTHWEST 38TH AVE. OCALA, FL 34482

OCALA, FL 34472

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the χ ions of registered agent,	ourpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registers	ed Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campeign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAY, ROBERT W 8 SPRING RADIAL OCALA, FL 34472				000000006171
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/16/04-80024-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-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 eath; that I am an officer or director					

of the corporation or the receiver or tro changed, or on an attachment with apee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if dress, with all other like empowered.

SIGNATURE:

OR SIGNING OFFICER OR DIRECTOR