


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000035343 1. Entity Name CIVIL CONSTRUCTION TECHNOLOGIES, INC.	
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Principal Place of Business 3100 NW BOCA RATON BLVD SUITE 216 BOCA RATON, FL 33431 US	Mailing Address 3100 NW BOCA RATON BLVD SUITE 216 BOCA RATON, FL 33431 US
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04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1001370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRAMER, BONNIE 3100 NW BOCA RATON BLVD SUITE 216 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 Bonnie S. Cramer
Signature, typed or printed name of registered agent and title if applicable

4-12-04
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000116377
04/16/04 00062 007 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRAMER, BONNIE S 3100 NW BOCA RATON #216 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CRAMER, BONNIE S 3100 NW BOCA RATON BLVD #216 BOCA RATON, FL 33431
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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 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.

SIGNATURE: Bonnie S. Cramer Bonnie S. Cramer 4-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 561-620-8805