2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P00000037637



FILED Mar 24, 2004 8:00 am Secretary of State

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CONSUL	TANT CONSTRUCTION SER	VICES COMPANY			03-24-20	04 90047 01	10 ***150.0)O
Principal Plac	e of Business	Mailing Address	<u> </u>					
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18601 S.E. FEDERAL HWY C-8 TEQUESTA FL 33469 18601 S.E. FEDERAL HWY C-8 TEQUESTA FL 33469						. * '*		
2 Principal F	Place of Business	3. Mailing Address						
	echo bec	5900						
Suite, Apt.		Suite, Apt. #, etc.	*****************		MOORE	CR2E03	4 (11/03)	
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	cheber 1	City & State		4. ri	65-1004	1769		t Applicable
Zip	Country	Zip	Country	5 . C	ertificate of Status Desi	red 🔲	\$8.75 Add	
3497	6. Name and Address of Current	Registered Agent		7. N	ame and Address of N	ew Registered	<u>·</u>	
			Name	~		·		
Mr. Leo Clark 13801 US Highway 441 SE # 90 Okeechobce, FL 34974			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City	, <u>, , , , , , , , , , , , , , , , , , </u>		F	Zip Cod	le
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office or	registered age	ent, or both, in the State	of Florida. I an	n familiar with,	and accept
_	tions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agont a	and title if applicable. (NOT	E: Registered Agent signati	ire required when rell	nstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
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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: 🔑

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR