


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90031 039 \*\*\*150.00

<b>DOCUMENT # P00000111596</b>	
1. Entity Name <b>M.S. PROWS CONSTRUCTION &amp; ENGINEERING, INC.</b>	

Principal Place of Business <b>6718 NW 191ST TERRACE ALACHUA FL 32615</b>	Mailing Address <b>P O BOX 1502 GAINESVILLE FL 32602 US</b>
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2. Principal Place of Business <b>Suite, Apt. #, etc. 2249 SW 170th Street City &amp; State Newberry FL Zip 32669</b>	3. Mailing Address <b>Suite, Apt. #, etc. 2249 SW 170th Street City &amp; State Newberry FL Zip 32669</b>
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>PROWS, MARK S 6024 NW 113TH PLACE ALACHUA FL 32615</b>	
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4. FEI Number <b>59-3691488</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2249 SW 170th Street</b> City <b>Newberry</b> <b>FL</b> Zip <b>32669</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PROWS, MARK S 6024 NW 113TH PLACE ALACHUA FL 32615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2249 S.W. 170th St. Newberry, FL 32669</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, STEPHEN R 6718 NW 191ST TERRACE ALACHUA FL 32615-7541 <input checked="" 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
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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.

SIGNATURE: **X Mark S Prows** 3/1/04 352-3  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #