


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000003853</b>	
1. Entity Name L-J CONSTRUCTION CO. OF CENTRAL FLORIDA	

Principal Place of Business 15710 COMMONWEALTH AVE N POLK CITY, FL 33868	Mailing Address 15710 COMMONWEALTH AVE N POLK CITY, FL 33868
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02122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3691269	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, LORI  
15710 COMMONWEALTH AVE N  
POLK CITY, FL 33868

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reexisting)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT OWENS, LORI 15710 COMMONWEALTH AVE N POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OWENS, JAMES 15710 COMMONWEALTH AVE N POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANDUYN, LORINDA S 15720 COMMONWEALTH AVE N POLK CITY, FL 33868
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05/19/04-011034-021 158.75

**DO NOT WRITE  
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)(f), 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: Lori Owens Lori Owens/President 04/28/04 863-984-4412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if