2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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DOCUMENT # P01000008260

KOONTZ CONSTRUCTION, INC.



Principal Place of Business

150 SMITH RD

MERRITT ISLAND, FL 32953

Mailing Address PO BOX 540845 MERRITT ISLAND, FL 32954

FILED Mar 18, 2004 08:00 AM **Secretary of State**



03102004

No Cha-P

CR2E034 (10/03)

4. FEI Number 59-3700567

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOONTZ, COY A 150 SMITH RD MERRITT ISLAND, FL 32953

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	above named entity submits this statement for the p bligations of registered agent,	surpose of changing its registered office or registered agent, or both,	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, Rigitalized Agent signature required when reinstating) DATE			
Afte	File NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND DIREC	OTORS	
TITLE NAME	P KOONTZ, COY A JR		

STREET ADDRESS PO BOX 540845 CITY-SY-ZIP MERRITT ISLAND, FL 32954 TITLE NAME KOONTZ, LINDA A STREET ADDRESS PO BOX 540845 CITY-ST-ZIP MERRITT ISLAND, FL 32954 TITLE NAME KOONTZ, ASHLEY PO 80X 1540845 STREET ADDRESS CRY-ST-ZIP MERRITT ISLAND, FL 32954 TITLE STREET ADDRESS CITY-ST-ZIP

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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)(1), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and factor 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 prefere or to justee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attaghment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP