2004 FOR PROFIT CORPORATION

FILED May 03 2004 08:00 AM

ANNUAL REPORT				May 03, 2004 08:00 A		
DOCUMENT # P01000040532					Secretary o	of State
1. Entity Nam	ne CONSTRUCTION GROUP, IN					
HAGION						
Principal Plac	e of Business	Mailing Address	-		· <u>-</u>	1
720-59TH ST S 720-59TH ST S GULFPORT, FL 33707 GULFPORT, FL 33707						
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. Jilli damest						
				04212004 No C	hg-P CR2E034 (1	0/03)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For
				<u>59-3716456</u>		Not Applicable
		alamana Matanggan Nagaban darah darah darah darah		5. Certificate of Status I		5 Additional lequired
	6. Name and Address of Current Re	gistered Agent	Sastania dida diperin	in managan da		
ROBERT.	J. HASICK					
720-59TH ST. S				DO NO	T WRITE	
SAINT PETERSBURG, FL 33707				IN THIS	SPACE	" ,
						tiitiita lahamaan Tiirii ka
8. The above	named entity submits this statement for the	e purpose of changing its register	ed office or register	ed agent, or both, in the S	tate of Florida. I am familia	r with, and accept
the obligat	tions of registered agent.					
SIGNATURE.						
	Signature, typed or printed name of registered agent and	WW # #ppicable. (NOTE: Hagistere	d Agent agnatura required	weer seustand):	DATÉ	
				00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS				
TITLE	DP					
NAME STREET ADDRESS	HASICK, ROBERT J 720-59TH ST S					grav veljavama
CITY-ST-ZIP	GULFPORT, FL 33707					
TITLE	DST				กกกการจะว่า	
name Street address	HASICK, BEVERLY J 720-59TH ST S			05/0	00000153527 4704-80129-019	150.00
CREY-ST-ZIP	GULFPORT, FL 33707				osisira u sayapannanana Mali i sasala 1991	anga tajaran meneri Taga
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NAME STREET ADDRESS					and the contract of the state of the contract	mmminanin ing sami
CITY-ST-ZIP				DO NO	T WRITE	
TITLE		<u> </u>	Para Latin State State State	IN THIS	SPACE	
NAME STREET ADDRESS					ALPR A COURT	
CITY-ST-ZIP						gangggramprometrist, syn til C. Strompromessom
TITLE					w.	
NAME CYCLET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					to in Landi or i	
TITLE			ening mwalata	ent til ta samaaaa gan mali s Om in merima delega ja ja	gita e <mark>jaganjajanja jida aljaba</mark> . Hatibora ana esperia	

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

> 18000 くつきにて SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2904 727-244.8230 Date