


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90033 004 ***150.00

DOCUMENT # P01000071355	
1. Entity Name P & M GENERAL CONSTRUCTION, INC.	

Principal Place of Business 12508 MID POINTE DR RIVERVIEW FL 33569	Mailing Address 12508 MID POINTE DR RIVERVIEW FL 33569
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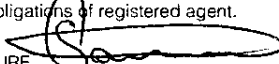
2. Principal Place of Business 12144 SARAGOSSA Lane Suite, Apt. #, etc. North Port, City & State FLORIDA Zip 34287 Country USA	3. Mailing Address 12144 SARAGOSSA LANE Suite, Apt. #, etc. North Port, City & State FLORIDA Zip 34287 Country USA
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MOORE CR2E034 (11/03)

4. FEI Number 65-1123251	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSHTEN, PAVEL 12508 MID POINTE DR RIVERVIEW FL 33569	
7. Name and Address of New Registered Agent Name PAVEL ROSHTEN Street Address (P.O. Box Number is Not Acceptable) 12144 SARAGOSSA Lane North Port City FL Zip Code 34287	

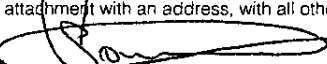
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  PAVEL Roshten
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSHTEN, PAVEL 8500 BESSEMER AVENUE NORTH PORT FL 34287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAVEL ROSHTEN 12144 SARAGOSSA LANE North Port, FL 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSHTEN, PAVID 12508 MID POINTE DR RIVERVIEW FL 33569 <input checked="" 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 02.02.04 (941)234-5013
Date Daytime Phone #