

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000085348**  
1. Entity Name  
**CONSTRUCTION MANAGEMENT ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
2283 SOUTH COLUMBINE AVENUE      2283 SOUTH COLUMBINE AVENUE  
HOMOSASSA, FL 34448                  HOMOSASSA, FL 34448

**DO NOT WRITE IN THIS SPACE**



01092004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3729525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SNYDER, DENISE L**  
2283 S. COLUMBINE AVENUE  
HOMOSASSA, FL 34448

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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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, DAVID Z 2283 SOUTH COLUMBINE AVENUE HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIEBERMAN, LARRY 2283 SOUTH COLUMBINE AVENUE HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SNYDER, DENISE L 2283 SOUTH COLUMBINE AVENUE HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000020628  
01/29/04-80075-015 150.00

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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)(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:** *Denise Snyder, Sec. 1/28/04*    **Denise L. Snyder**    1/28/04    352-624-4973  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #