

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91068 034 ***150.00

DOCUMENT # P01000103619

1. Entity Name
PTL CONSTRUCTION SERVICES, INC.



Principal Place of Business
503 WEST CEDAR ST
TARPON SPRINGS, FL 34689

Mailing Address
PO BOX 784
SAFETY HARBOR, FL 34695

04292004



2. Principal Place of Business

3. Mailing Address

503 West Cedar

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-P

CR2E034 (10/03)

City & State

City & State

Tarpon Springs, FL

4. FEI Number

01-0565802

Applied For

Not Applicable

Zip

Country

Zip

Country

34689

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEINCKE, JAMIE A
503 W. CEDAR
TARPON SPRINGS, FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEINCKE, JAMIE A
POST OFFICE BOX 784
SAFETY HARBOR, FL 346950784

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Meincke, Jamie A
503 West Cedar Street
Tarpon Spring, FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAUNDERS, DEBORAH
POST OFFICE BOX 400
SAFETY HARBOR, FL 346950400

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Saunders, Deborah
400 Hope Street
Tarpon Springs, FL 34689

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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)(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: *Jamie A. Meincke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-04 737-944-2838
Date Daytime Phone #