

Attn Sheriff

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 26, 2004 8:00 am
Secretary of State**

04-14-2004 90032 013 ***150.00

DOCUMENT # P01000119816		
1. Entity Name DND CONSTRUCTION, INC.		

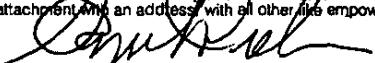
Principal Place of Business 1166 SNEAD AVE SARASOTA, FL 34237		Mailing Address 1166 SNEAD AVE SARASOTA, FL 34237			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent NORTON, SAM D 1819 MAIN ST, STE 610 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City	
				\$8.75 Additional Fee Required	

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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>DICKSON, SAM S 1166 SNEAD AVE SARASOTA, FL 34237</td><td><input type="checkbox"/> Delete P, T/D</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>D NEWBY, JAMES G 1166 SNEAD AVE SARASOTA, FL 34237</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>D NEWBY, NANCY A 1166 SNEAD AVE SARASOTA, FL 34237</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DICKSON, SAM S 1166 SNEAD AVE SARASOTA, FL 34237	<input type="checkbox"/> Delete P, T/D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWBY, JAMES G 1166 SNEAD AVE SARASOTA, FL 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWBY, NANCY A 1166 SNEAD AVE SARASOTA, FL 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>JAMES DRINKWATER 1166 SNEAD AV SARASOTA, FL, 34237</td><td><input type="checkbox"/> Change UP, SD</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change Addition</td></tr></table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES DRINKWATER 1166 SNEAD AV SARASOTA, FL, 34237	<input type="checkbox"/> Change UP, SD	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change Addition									
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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:  SAM DICKSON 4/27/04 941-376-0308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #