2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000014538

1. Entity Name

FLORIDA SITEWORK CONTRACTORS INC.



Principal Place of Business

POST OFFICE BOX 235 SUMMERFIELD, FL 34482 Mailing Address

POST OFFICE BOX 235 SUMMERFIELD, FL 34482

FILED Jul 22, 2004 08:00 AM Secretary of State



07122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 03-0384527 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HOBBY, LEWIS L JR. 7525 S.E. HIGHWAY 42 SUMMERFIELD, FL. 34482

SIGNATURE:

DO NOT WRITE 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 Synature, typed or priviled name of registered agent and title if explicable (NOTE Registered Agent signature required when reioxiating) DATE					
FILE NOWIII FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOBBY, LEWIS L JR. POST OFFICE BOX 235 SUMMERFIELD, FL 34482				
TRLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOBBY, MARY B POST OFFICE BOX 235 SUMMERFIELD, FL 34482				U00000167697 07/22/04-80005-011 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE
THTLE NAME STREET ADDRESS CHY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP		-			
TITLE NAME STHEET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. Turther 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 calls, 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 attackment with an address, with all other like empowered.					

FFICER OR DIRECTOR