


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000014841 1. Entity Name RICHARD DAVID MORRIS CONSTRUCTION CORPORATION						FILED 04 OCT 18 PM 12:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 17485 BOCA VISTA PUNTA GORDA, FL 33955				Mailing Address 17485 BOCA VISTA PUNTA GORDA, FL 33955			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MORRIS, RICHARD D 17485 BOCA VISTA PUNTA GORDA, FL 33955				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 32-0002943			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
DATE				DATE			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees				\$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				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
P MORRIS, RICHARD D 17485 BOCA VISTA PUNTA GORDA, FL 33955				600041951726 10/18/04--01097--003 **\$1.25			
V METZ, NATHAN 608 DOUGLAS #6 AMES, IA 50010				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
T ROBERT S. MORRIS 1440 POINCIANA FT. MYERS, FL. 33901				TITLE NAME 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 duly empowered.							
SIGNATURE: <i>Richard D. Morris</i> PROS RICHARD D. MORRIS 10-08-04 239-560-3282							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date Daytime Phone #							