
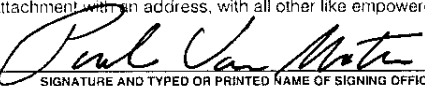


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000014906 1. Entity Name VAN METER & HAGA CONSTRUCTION, INC.						AMENDED FILED 04 NOV -9 AM 11:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 6745 RAMOTH DR. JACKSONVILLE, FL 32226				Mailing Address 6745 RAMOTH DR. JACKSONVILLE, FL 32226							
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 VAN-METER, PAUL A 6745 RAMOTH DR. JACKSONVILLE, FL 32226				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City							
4. FEI Number 01-0594745				Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 /President VAN METER, PAUL A 6745 RAMOTH DR. JACKSONVILLE, FL 32226				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP Director/Vice-President Haga, John David 44296 Woodland Circle Callahan FL 32011				TITLE NAME STREET ADDRESS CITY-ST-ZIP 300041761753 10/15/04--01021--026 **\$2.50							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 300041761753 11/10/04--01003--008 **\$8.75							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11/3/04 <small>Date</small>				904-226-3441 <small>Daytime Phone #</small>			
PAUL VAN METER, PRESIDENT											