

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 11, 2004 8:00 am
Secretary of State**

03-11-2004 90016 007 ***150.00

DOCUMENT # P02000020771			
<p>1. Entity Name BRUCE A. BUMGARNER CONSTRUCTION, INC.</p>			
Principal Place of Business 05136 ALBERT RD. FRUITLAND PARK, FL 34731		Mailing Address 05136 ALBERT RD. FRUITLAND PARK, FL 34731	
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 PETERS, PATRICIA A 2501 W. MAIN ST., SUITE 110 LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
<p>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.</p> <p>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></p> <p>(NOTE: Registered Agent signature required when reinstating)</p> <p>DATE _____</p>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D BUMGARNER, BRUCE A 05136 ALBERT RD. FRUITLAND PARK, FL 34731</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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<p>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.</p> <p>SIGNATURE: <i>Bruce A. Bumgarner Pres.</i> <i>3/8/04 352-576-7426</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>			