
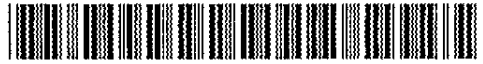


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000029308</b>		
1. Entity Name JOSEPH W. MAZZUCO CONSTRUCTION, INC.		
Principal Place of Business POST OFFICE BOX 4181 HOMOSASSA, FL 34447		Mailing Address POST OFFICE BOX 4181 HOMOSASSA, FL 34447
<b>DO NOT WRITE IN THIS SPACE</b>		
		 03152004 No Chg-P CR2E034 (10/03)
4. FEI Number 04-3645128		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  NESSLER, PAUL H JR. 4052 COMMERCIAL WAY SPRING HILL, FL 34606		
		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title 7 applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  0000000122443 04/21/04-80029-005 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZUCO, JOSEPH W POST OFFICE BOX 4181 HOMOSASSA, FL 34447	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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: <u>Joseph W. Mazzuco</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Joseph W. Mazzuco</u> 4/17/04 (352) 279-7358 <small>Date Daytime Phone #</small>