2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State 03-29-2004 90058 007 ***150.00

DOCUMENT # P02000031176 1. Entity Name C BROCK CONSTRUCTION INC.						03-29-200	04 90058 007 ***1	50.00	
Principal Place of Business 868 SAXON BLVD DELTONA, FL 32725		Mailing Address 868 SAXON BLVD DELTONA, FL 32725			94037844				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03022004	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Numbe 01-0645			plied For Applicable	
Zip	Country	Zip	Country			of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent					7. Name and	Address of New I	Registered Agent		
CAMENISCH, CHARLES 868 SAXON BLVD DELTONA, FL 32725			Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City				FL Zip Cod	e	
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAMENISCH, CHARLES 868 SAXON BLVD DELTONA, FL 32725	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	868	NISCH, C SAXON BL ONA, FLO	VD.	X Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARNICK, JASON 2472 WHITEHOUSE STREET DELTONA, FL 32728	□ X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
-TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOLLMER, PATRICK 781 MONTROSE AVE ORANGE CITY, FL 32763	— 🔯 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, ANDREA 1144 15TH STREET ORANGE CITY, FL 32763	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-277-6999

Daytime Phone #