


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000057565**  
1. Entity Name  
**FEHR CONSTRUCTION, INC.**



Principal Place of Business  
**20020 VETERANS BLVD., SUITE 11  
PORT CHARLOTTE, FL 33954**

Mailing Address  
**20020 VETERANS BLVD., SUITE 11  
PORT CHARLOTTE, FL 33954**

**DO NOT WRITE IN THIS SPACE**



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**27-0012670**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FEHR, JERRY W  
20020 VETERANS BLVD., SUITE 11  
PORT CHARLOTTE, FL 33954**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000109744  
04/12/04-80055-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FEHR, JERRY W
STREET ADDRESS	20020 VETERANS BLVD., SUITE 11
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
TITLE	D
NAME	SMARRELLI, LINDA A
STREET ADDRESS	20020 VETERANS BLVD., SUITE 11
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 like empowered.

SIGNATURE: *L.A. Smarrelli* **L.A. SMARRELLI** 4/9/04 941-625-8984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_