

2004 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

04-09-2004 90188 001 ***150.00
04-09-2004 90188 002 *****8.75
P02000079520

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MOORE CR2E034 (11/03)

DOCUMENT # P02000079520 1. Entity Name ENGELMAN CONSTRUCTION, INC. ENGELMANN					
Principal Place of Business 2272 JESSICA LANE KISSIMMEE FL 34744			Mailing Address P O BOX 702226 ST CLOUD FL 34770-2226		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 91-1468059 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ENGELMANN ENGELMAN, DAVID C 2272 JESSICA LANE KISSIMMEE FL 34744	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____				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. Make Check Payable to Florida Department of State				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 P ENGELMANN <input type="checkbox"/> Delete NAME ENGELMAN, DAVID STREET ADDRESS 2272 JESSICA LN. CITY-ST-ZIP KISSIMMEE FL 34744			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE ST ENGELMANN <input type="checkbox"/> Delete NAME ENGELMAN, VALERIE STREET ADDRESS 2272 JESSICA LN. CITY-ST-ZIP KISSIMMEE FL 34744			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <u>David C. Engelman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>4/6/04</u> Daytime Phone # <u>407-973-2075</u>	