

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

9/17

09-01-2004 90004 023 \*\*\*150.00  
 09-27-2004 90002 018 \*\*\*400.00

DOCUMENT # P02000105256

1. Entity Name  
 JAMES SCULLY CONSTRUCTION SERVICE, INC.



Principal Place of Business  
 14417 OLIVER ST.  
 LARGO, FL 33774.

Mailing Address  
 P.O. BOX 988  
 INDIAN ROCKS BEACH, FL 33785

14027433



08242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 16-1646178 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCULLY, DAWN  
 14417 OLIVER ST.  
 LARGO, FL 33774

**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 Jama Scully  
Signature, typed or printed name of registered agent and title if applicable.

8-24-04  
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SCULLY, JAMES
STREET ADDRESS	14417 OLIVER ST.
CITY-ST-ZIP	LARGO, FL 33774
TITLE	VS
NAME	SCULLY, DAWN
STREET ADDRESS	14417 OLIVER ST.
CITY-ST-ZIP	LARGO, FL 33774
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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: Jama Scully  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-24-04  
Date Daytime Phone #