## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P02000108258

Entity Name

FLORIDA CONSTRUCTION MANAGEMENT SERVICES



FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business

509 AVE B, NE

WINTERHAVEN, FL 33881

Mailing Address

509 AVE B, NE

WINTERHAVEN, FL 33881



04122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 13-4206971 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BARTON, DAN J 509 AVE B, NE WINTERHAVEN, FL 33881

## DO NOT WRITE IN THIS SPACE

S. The above named antity suberity or statement to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title of septicible.    Commonweight   Commonweig							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  IRLE NAME BARTON, DAN J STREET ADDRESS CITY-ST-ZP TITLE NAME NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS TITLE STREE	signature————————————————————————————————————						
After May 1, 2004 Fee will be \$550,00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  ITILE PST MME BARTON, DAN J STREET ADDRESS 509 AVE B, NE CITY-ST-ZIP WINTERHAVEN, FL 33881  ITILE PALMER, CHRISTOPHER STREET ADDRESS 214 KILLINGTON WAY CITY-ST-ZIP ORLANDO, FL 32835  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THUE STREET ADDRESS CITY-ST-ZIP  THUE STREET	Signature, types of printed rams of registered agent and title of applicable. (NOTE, Replishered Agent signature required when reinstating)  DATE						
TIRE NAME BARTON, DAN J 509 AVE B, NE WINTERHAVEN, FL 33881  TIRE VP WINTERHAVEN, FL 33881  TIRE VP ANME PALMER, CHRISTOPHER 1000000114113 04/15/04-80037-008 150.06  DO NOT WRITE IN THIS SPACE  TIRE NAME STREET ADDRESS CITY-57-ZPP  TRUE NAME STREET ADDRESS CITY-57-ZPP  TRUE NAME STREET ADDRESS CITY-57-ZPP  TRUE NAME STREET ADDRESS CITY-57-ZPP					\$5.00 May 8e Added to Fees		
NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME  TITLE	10.	OFFICERS AND DIREC	CTORS		· · - · <del>· · · - · · · · · · · · · · · ·</del>	***	
NAME STREET ADDRESS CITY-ST-2IP TITLE NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	NAME STREET ADDRESS	BARTON, DAN J 509 AVE B, NE					
NAME STREET ADDRESS CITY-ST-ZIP  TOTLE NAME STREET ADDRESS CITY-ST-ZIP  TOTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	NAME STREET ADDRESS	PALMER, CHRISTOPHER 214 KILLINGTON WAY				U00000114113 04/15/04-80037-0 <b>0</b> 8 150.00	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	NAME STREET ADDRESS				DO	NOT WRITE	
NAME STREET ADDRESS C/TY-ST-ZIP TITUE NAME	name Street address				IN '	THIS SPACE	
NAME	NAME Street address						
CSY-St-ZIP  12. Therefore certify that the information supplied with this filips does not qualify for the exemption stated in Section 1:9 07/3Vi). Floride Statutes. I butber certify that the information	NAME STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·		

12. I hereby certify that the information supplied with this filling 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 useful emoyered tackecute 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 others like empowered.

SIGNATURE:

SONATORE AND TIPED OR PARKED NAME OF SIGNING OFFICER OR DIRECTO

4-17-0-1

407-447-5800

Daytime Phone #