2004 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Apr 19, 2004_08:00 A			
DOCU!	MENT # P020001176			Sec	retary	of State	
SOUTH ATLANTIC CONSTRUCTION & REMODELING, INC.							
Principal Place		Mailing Address]			
7005 OVERS MARATHON, I		7005 OVERSEAS HWY MARATHON, FL 33050					
1.88831110661	15 22020	MUNITURAL DOOD		1 100 111 111 111	· 国际沙园 [[原]] 花型[[] 老老[[] 崔田[原	i kasi kan tese sits	: 487591 (1800)PM() \$7 48787
			- Armi Ami				
			04022004 No Chg-P CR2E034 (10/03)				
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb			Applied For
				72-153	7486	••0 7	Not Applicable
				5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current Re	pistered Agent			•	-	
MILLER, R			DΩ	NOT W	RITE		
2975 OVERSEAS HWY MARATHON, FL 33050				_			
MAINTHON, I E 33000				IN	THIS SP	ACE	
		· *				1465 p. 44 d	الجريوة ساديات
	named entity submits this statement for trions of registered agent.	e purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flo	rida. I am família	r with, and accept
*	ions or registered agents.						
SIGNATURE_	Signature, typed or printed name of registered agent and	utic If applicable. (NOTE, Register	ed Agent signature require	d when reinstating)		DATE	
		9. Election Campaign Fina	aning A F				
After May 1, 2004 Fee will be \$550.00 Trust Fun		Trust Fund Contribution		.00 May Be fed to Fees	0000001) -04/19/04		150 80
10.	OFFICERS AND DI	RECTORS	-				<u> </u>
TITLE NAME	D WOOSLEY, LOREN D						
STREET ADDRESS	2975 OVERSEAS HWY						
CITY-ST-ZIP	MARATHON, FL 33050	· <u>ਸ</u> -					
TITLE NAME							
STREET ADDRESS							
CITY-ST-ZIP		<u></u>			-		
TITLE							
name Street address				D	NIOT W		
CITY-ST-ZIP				DO	NOT W	RIIE	
TITLE				IN '	THIS SF	ACE	
NAME				R S W		- "\	
STREET ADDRESS CITY-ST-ZIP		•					
TITLE			1	-			
NAME							
STREET ADDRESS	i .		1				

12. Thereby certify that the information supplied with this filling does not quality 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR