


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000119770 1. Entity Name GERARD VOGT CONSTRUCTION/DEVELOPMENT ENTERPRISES, INC.	
---	---

Principal Place of Business PO BOX 3531 APOLLO BEACH, FL 33572	Mailing Address PO BOX 3531 APOLLO BEACH, FL 33572
--	--

DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4218989	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent VOGT, GERARD M 212 LAKEWAY LANE APOLLO BEACH, FL 33572
--

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 <u>GERARD M. VOGT</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>4-7-04</u> <small>DATE</small>
---	--------------------------------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT VOGT, GERARD M PO BOX 3531 APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS VOGT, GERARD R PO BOX 3531 APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000120907 04/20/04-80027-015 150.00</p> 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)(f), 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>Gerard M. Vogt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-7-04</u> <small>Date</small>	<u>813-645-9804</u> <small>Daytime Phone #</small>
--	--------------------------------------	---