2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000120003 07-02-2004 90004 025 ***558.75 1. Entity Name COLYER DEMOLITION, INC. Principal Place of Business Mailing Address 24029705 1791 BLOUNT ROAD 1791 BLOUNT ROAD **SUITE #1008** SUITE #1008 OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334 3. Mailing Address 1791 Bloom Road 2. Principal Place of Business 1791 Blount Road Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 Chg-P CR2E034 (10/03) Suite#1008 <u>2018 1008</u> Applied For 4. FEI Number Pompano Beoch, FL 22-3881549 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name D'ALMEIDA, ARTHUR B Street Address (P.O. Box Number is Not Acceptable) 105 EAST PALMETTO PARK ROAD BOCA RATON, FL: 33432 Zip Code 5. 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIILE TITLE ☐ Addition ☐ Delete [7] Change COLYER, EDWARD J NAME NAME STREET ADDRESS 1035 SPANISH RIVER ROAD, APT. #106 STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-7/P Delete ☐ Change ☐ Addition TITI F TITLE COLYER, JACQUI C NAME NAME STREET ADDRESS 1035 SPANISH RIVER ROAD, APT. #106 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-71P Delete Change ☐ Addition TITLE TITLE GROSSWILER, DAVID P NAME NAME STREET ADDRESS 4241 W. MCNAB ROAD, SUITE #13 STREET ADDRESS CITY-ST-70P POMPANO BEACH, FL 33069 CITY-ST-7IP Change Delete TITI F ☐ Addition TITLE PERRY, LAURA NAME STREET ADDRESS 833 S.W. 56TH AVE. STREET ADDRESS MARGATE, FL 33068 CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a frustee employered 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 attachme SIGNATURE:

Jul 02, 2004 8:00 am