2004 FOR PROFIT CORPORATION

Apr 29, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P02000124350 1. Entity Name RUSSO CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 102 CASH DRIVE 102 CASH DRIVE SEFFNER, FL 33584 SEFFNER, FL 33584 04062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4223702 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUSSO, RALPH DO NOT WRITE 102 CASH DRIVE SEFFNER, FL 33584 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. Signature, typed or printed name of registered agent and tiffe if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RUSSO, RALPH 102 CASH DRIVE STREET ADDRESS CITY-ST-ZIP SEFFNER, FL 33584 DOLLOGO 139127 HDE 14/29/04-80104-014 158.75 NAME STREET ADDRESS CITY - ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CHY-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 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:

NAME STREET ADDRESS

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED