2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

FILED Apr 26, 2004 08:00 AM Secretary of State-

803-8843

· -				- Sacrataux of Stata
DOCUMENT # P02000134139 1. Entity Name ADVANCED CONSTRUCTION & DEVELOPMENT, INC.				Secretary of State
Principal Place		Mailing Address		
604C WEST IA	AMES LEE BLVD	P O BOX 697 Crestview, Fl. 32536		
CRESTVIEW, F	L 32536	GREST VIEW, TE SESSO		: (************************************
DO NOT WRITE IN THIS SPAC			05-0547161 Not Applicable	
			·	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent				· · · · · · · · · · · · · · · · · · ·
HILL, JAMES D 2002 N PEARL ST CRESTVIEW, FL 32536				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				
Signature, typed or printed name of registered agent and title if applicable. (INDTE, Registered Agent signature required when reinstaling) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND I	DIRECTORS		- The state of the
HILE NAME	D HILL, JAMES D			
STREET ADDRESS	P O BOX 697			
CITY-ST-ZIP	CRESTVIEW, FL 32536			ት ነን በነር ነው
IITLE		····	1	U00000131214 04/26/04-80145-022 150.00
NAME STREET ADDRESS				0 11 Car of 002 13 OCC 130.00
CITY-ST-ZIP			1	
THEF			1	
NAME			•	
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
INLE				
NAME			1	IN THIS SPACE
STREET ADDRESS				
City-ST-ZIP			4.	
LITE F NAME				
STREET ADDRESS				
CHY-ST-ZIP			ı	
THILE			1	and the second s
NAME	·			
STREET ADDRESS CITY-ST-ZIP				
	Certify that the information supplied with	this filling does not quality by the or	emntion stated in S	Section 119 07(3Vi) Florida Stabilion 1 fullbar coulify that the information
12. Thereby 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 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.				