2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004
Secretary of State

DOCUMENT# P03000001771

Entity Name: DEVORE & ASSOCIATES CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

180 SOUTH RONALD REAGAN BLVD.
SUITE 104
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

180 SOUTH RONALD REAGAN BLVD.
SUITE 104
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 36-4520782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEVORE, RUSSELL L
180 SOUTH RONALD REAGAN BLVD.
SUITE 104
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEVORE, RUSSELL L
Address: 180 SOUTH RONALD REAGAN BLVD., SUITE 104
City-St-Zip: LONGWOOD, FL 32750 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: ROBERTS, ROBERT
Address: 2770 CITRON DR.
City-St-Zip: LONGWOOD, FL 32779 SE

Title: SEC ( ) Change (X) Addition
Name: MOGUL, THOMAS S
Address: 515 BEVERLY AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32710 SE

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB ROBERTS VP 03/08/2004

Electronic Signature of Signing Officer or Director — Date