

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000004949

1. Entity Name
U.S. CERTIFIED CONSTRUCTION, INC.



**FILED
Jan 26, 2004 8:00 am
Secretary of State**

01-26-2004 90008 018 ***150.00

Principal Place of Business
**10235 WORTHY LAMB WAY
NEW PORT RICHEY, FL 34654**

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162004 Chg-P CR2E034 (10/03)

4. FFI Number
82-0581236 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ALTMAN, THOMAS P
5628 MAIN STREET
NEW PORT RICHEY, FL 34652**

Name **MARIO DIAMANTOPULOS**

Street Address (P.O. Box Number is Not Acceptable)

10235 WORTHY LAMB WAY

City **NEW PORT RICHEY FL** Zip Code **34654**

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

PRESIDENT/DIRECTOR

1/16/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing -
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PTD
NAME: DIAMANTOPULOS, MARIO
STREET ADDRESS: 10235 WORTHY LAMB WAY
CITY-ST-ZIP: NEW PORT RICHEY, FL 34654

Delete

TITLE: VSD
NAME: DIAMANTOPULOS, ARIE
STREET ADDRESS: 10235 WORTHY LAMB WAY
CITY-ST-ZIP: NEW PORT RICHEY, FL 34654

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

 Delete

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

 Change Addition

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:

PRESIDENT/DIRECTOR

1/16/04

364-9346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIO DIAMANTOPULOS