## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 13, 2004 8:00 am Secretary of State 07-29-2004 90004 022 \*\*\*150.00

DOCUMENT # P0300008781  1. Entity Name ROBERT HOLEMAN CONSTRUCTION, INC				AND		
) n						
· .		Mailing Address		66431919 <sup>°</sup>		
330 3RD ROAD 3 KEY LARGO, FL 33037		330 3RD ROAD KEY LARGO, FL 33037		99421212		
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2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc. :		Suite, Apt. #. etc.		07132004 Chg-P CR2E034 (10		
City & State		City & State		65-0326228	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired 58.7	5 Additional -	
6.	Name and Address of Current	Registered Agent	Nome	7. Name and Address of New Registered Agent		
HOLEMAN, ROBERT			Name	Street Address (P.O. Box Number is Not Acceptable)		
330 3RD RD			Street Address	Street Address (F.C. Box Number is Not Acceptable)		
	1		City		ip Code	
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						
Sgnanze, typied or prived name of registered agent and title if explicable. (NCTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be Due by September 8, 2004  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees corporation did not receive the prior notice.						
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
NAME ROI			TITLE NAME	G	hange Addition	
	3RD RD ( LARGO, FL 33037		STREET ADDRESS City-St-ZP			
TITLE	ŀ	□ Delete	TITLE	□ cı	hange [] Addition	
NAME Street Adoress	<u>.</u>		NAME Street adoress	•		
CITY-ST-ZIP	f, 1 2		CHY-ST-ZIP			
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CTY-ST-ZP			City-St-Zip			
TITLE NAME		☐ Delete	TITLE Name	<u></u> □ c	hange Addition	
STREET ADDRESS CITY-ST-ZIP	u 	-	STREET ADDRESS City-St-Zip		State of the state	
TITLE NAME	1	☐ Delete 、	TITLE NAME	SIGNI	hange Addition	
STREET ADDRESS	•		STREET ADDRESS	OSE MAIL		
CTY-ST-ZP	that the information examined with	this filling does not qualify for th	CITY-ST-ZIP	Salting 18 NV (I) Floring Statutes I hurther chetify the	at the information	
TITLE    Delete   TITLE     NAME     STREET ADDRESS     CITY-ST-ZEP     12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.0. If the son't have a supplemental report is true and accurate and that my signature shall have the son't have a simple under oath; that I am an officer or director of the corporation or the receiver or drustee empowered to execute this report as required by Chripter 607. Fixe a 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: SGNATURE AND TYPED DES PRINTED NAME OF PACIFICATION OF PRINTED NAME OF PACIFICATION OF THE PRINTED NAME OF PACIFICATION OF THE PACIFICA						