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Secretary of State
05-05-2004 90231 041 ***150.00

5/5/ 5/5/

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000014400

1. Entity Name
BOB ALLEN COMPLETE SYSTEMS CONTRACTING, INC.

Principal Place of Business	Mailing Address
12701 MUSTANG TRAIL FT LAUDERDALE FL 33330	12701 MUSTANG TRAIL FT LAUDERDALE FL 33330

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

MOORE CR2E034 (11/03)

4. FEI Number 03-0510948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALLEN, ROBERT
~~12701 MUSTANG TRAIL~~
FT LAUDERDALE FL 33330

7. Name and Address of New Registered Agent
Name: Dennis Metzger
Street Address (P.O. Box Number is Not Acceptable)
10660 NW 42ND DR.
City: Corol Springs FL Zip Code 33065

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 Robert Allen [signature] 6/4/04
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
Due By May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, ROBERT 12701 MUSTANG TRAIL FT LAUDERDALE FL 33330	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNIS METZGER 10660 N.W. 42ND DR. COROL SPRINGS FL. 33065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALLEN Robert 120 E. OAKLAND PK. BLVD SUITE 105 Ft. LAUDERDALE FL. 33334	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: [signature] 5/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[signature] 28 June 04 Director