

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90023 006 ***150.00

DOCUMENT # P03000017424 1. Entity Name PETROLEUM AND CONSTRUCTION SERVICES, INC.			
Principal Place of Business 15027 BREWERS CT TAVARES FL 32778		Mailing Address 15027 BREWERS CT TAVARES FL 32778	
2. Principal Place of Business 2173 Platinum Road <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2173 Platinum Road <small>Suite, Apt. #, etc.</small>	
City & State Apopka, FL <small>Zip Country</small> 32703 USA		City & State Apopka, FL <small>Zip Country</small> 32703 USA	
4. FEI Number 51-0446227		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MOORHEAD, TIMOTHY R ESQ 145 N MAGNOLIA AVE ORLANDO FL 32801	
7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>		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 <i>Anthony J. Frick</i> 1/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST FRICK, ANTHONY J 15027 BREWERS CT TAVARES FL 32778	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Anthony J. Frick* - ANTHONY J. FRICK - PRES 1/29/04 407-880-0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #