

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-17-2004 90020 008 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000021603	
1. Entity Name HEAD CONSTRUCTION CORP.	
Principal Place of Business 3998 FAU BLVD., SUITE 307 BOCA RATON, FL 33431	Mailing Address 3998 FAU BLVD., SUITE 307 BOCA RATON, FL 33431



66403605



2. Principal Place of Business 3701 FAU Boulevard, Suite 205 Boca Raton, FL 33431	3. Mailing Address 3701 FAU Boulevard, Suite 205 Boca Raton, FL 33431
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01082004 Chg-P CR2E034 (10/03)

4. FEI Number **27-0049734** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent HEAD, THOMAS S 3998 FAU BLVD., SUITE 307 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent 3701 FAU Boulevard, Suite 205 Boca Raton, FL 33431 Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this state or moving to another state, and accept the obligations of registered agent.

SIGNATURE **Thomas S. Head** DATE **1/26/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAD, THOMAS A 3998 FAU BLVD., SUITE 307 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3701 FAU Boulevard, Suite 205 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAD, THOMAS S 3998 FAU BLVD., SUITE 307 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3701 FAU Boulevard, Suite 205 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Thomas S. Head** DATE **1/26/04** DAYTIME PHONE **561-347-6915**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR