2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State
04-29-2004 90326 012 ***150.00

b6420265

MOORE CR2E034 (11/03)

DOCUMENT # P03000025315

1. Entity Name
SEETL CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
4761 SW 51ST ST. DAVIE FL 33314	4761 SW 51ST ST. DAVIE FL 33314

2. Principal Place of Business	3. Mailing Address
4761 SW 51 Street	4761 SW 51 Street
Suite, Apt. #, etc: N/A	Suite, Apt. #, etc: N/A
City & State: Davie, FL	City & State: Davie, FL
Zip: 33314 Country: USA	Zip: 33314 Country: USA

4. FEI Number: 42-1628817 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KROUSKROUP, MELVIN C JR.
4761 SW 51ST ST.
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name: MELVIN C. KROUSKROUP, JR.

Street Address (P.O. Box Number is Not Acceptable): 4761 SW 51 Street

City: Davie FL Zip Code: 33314

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: N/A
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
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	PD SHINNERS, RICHARD 4761 SW 51ST ST. DAVIE FL 33314	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KROUSKROUP, MELVIN C JR. 4761 SW 51ST ST. DAVIE FL 33314	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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] 2-12-04 954-564-4322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Melvin C. Krouskroup, Jr.