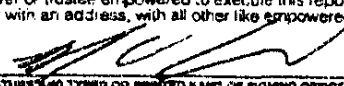


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-29-2004 90326 012 ***150.00

DOCUMENT # P03000025316					
1. Entity Name SEETL CONSTRUCTION SERVICES, INC.					
Principal Place of Business 4761 SW 51ST ST. DAVIE FL 33314			Mailing Address 4761 SW 51ST ST. DAVIE FL 33314		
2. Principal Place of Business 4761 SW 51 Street			3. Mailing Address 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
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				4. FEI Number 42-1628817	
				☒ Applied For Not Applicable	
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 fee if applicable. (NOTE: Registered Agent signature required when registering.) 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO KROUSKROUP, MELVIN C JR. 4761 SW 51ST ST. DAVIE FL 33314 ☐ 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: 			Date 2-12-04 954-564-4322		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Melvin C. Krouskroup, Jr.					

bb420265



MOORE CR2E034 (11/03)