## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT-

## FILED Feb 10, 2005 08:00 AM Secretary of State **DOCUMENT # P03000041034** DAWSON CONSTRUCTION & REMODELING, INC. Principal Place of Business Mailing Address 11 JONQUIL AVE 11 JONQUIL AVE FT WALTON, FL 32548 FT WALTON, FL 32548 01222005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2347415 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DAWSON, GREG DO NOT WRITE 11 JONQUIL AVE FT WALTON, FL 32548 IN THIS SPACE \$. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent a gneture required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DAWSON, GREG STREET ADDRESS 11 JONQUIL AVE 1100000223940 CITY-ST-ZIP FT WALTON, FL 32548 02/10/05-80064-010 158.75 TEL E NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS COY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTY-ST-ZP