2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 08:00 AM Secretary of State

	ANNUAL	KEPUKI			2		C C 4 - 4
1. Entity Nam	MENT # P030000422		Secretary of State				
GRANDE	EISLAND CONSTRUCTION, I	NC.					
Principal Plac	ce of Business	Mailing Address	Section 2000 Section 100 Sect	1			
1039 SAND	CASTLE ROAD	1039 SAND CASTLE ROAD					
SANIBEL ISL	AND, FL 33957	Sanibel Island, Fl. 33957					
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			02252005	No Chg-P	CR2E03	4 (10/03)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb			Applied For
		-	1	30-016			Not Applicable
			· · · · · · · · · · · · · · · · · · ·	5. Certificate	e of Status Desired		8.75 Additional ee Required
	6. Name and Address of Current Re	gistered Agent		<u>,</u>			
	ERSEN, PEDER		ĎΩ	NOT W	DITE	J	
1039 SAND CASTLE ROAD SANIBEL ISLAND, FL 33957					_		
SANIBEL I	SLAND, FL 33931	!	1	IN .	THIS SF	PACE	
8. The above the obligat	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its registere	ed office or register	ed agent, or bo	oth, in the State of Fl	orida. I am fa	miliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	title It applicable (NOTE: Registere	od Agent signature required	t when reinstation)		DATE	
		1			l .	D	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS			····		-
TITLE NAME	D ROSS-PEDERSEN, PEDER		ł				
STREET ADDRESS	1039 SAND CASTLE ROAD						
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957						
TITLE							
NAME STREET ADDRESS					Handa	រាជនាម្ចា	ŧ
CITY-ST-ZIP					03/ĬŎŹŎŠ	-80026-	025 150.00
TITLE		***************************************	1	. ** -:	25 77 27 72		
NAME		•					
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TITLE Name				IN.	THIS SI	PACE	
STREET ADDRESS	Í]				
CITY-ST-ZIP			1				
TITLE			1	• •			
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STREET ADDRESS CITY-ST-ZIP		į	ł				
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NAME		, in the second					

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:

STREET ADDRESS CITY - ST - ZIP

LONG- SIGHT PROFES ROSS- PENERSEN

3/7/05

239-633-2348

Daytime Phone #