

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044724

FILED
Jan 12, 2004
Secretary of State

Entity Name: ALLISON & CARROLL BUILDERS OF PORT ST LUCIE, INC

Current Principal Place of Business:

8659 THOUSAND PINES CIR
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

8659 THOUSAND PINES CIR
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 27-0046127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, CHARLES
8659 THOUSAND PINES CIR
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, CHARLES
Address: 8659 THOUSAND PINES CIR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VS () Delete
Name: ALLISON, TERRY
Address: 8659 THOUSAND PINES CIR
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES DAVIS

PRES

01/12/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date