


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90279 037 ***150.00

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|--|--|--|--|--|--|
| DOCUMENT # P03000052672 1. Entity Name M A DEWDNEY CONSTRUCTION, INC. | | | |  | |
| Principal Place of Business P.O. BOX 4053 WINTER HAVEN, FL 33885 | | | Mailing Address P.O. BOX 4053 WINTER HAVEN, FL 33885 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| DEWDNEY, MICHAEL A 1390 10 ST NE WINTER HAVEN, FL 33885 <div style="position: absolute; top: 50px; left: 300px; font-size: 2em; transform: rotate(-15deg);">zip code change</div> | | | | Name DEWDNEY, Michael A Street Address (P.O. Box Number is Not Acceptable) 1390 10th St NE Winter Haven City FL Zip Code 33885 | |
| 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 <i>Michael A. Dewdney</i> Michael A. Dewdney DATE 4/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | DP DEWDNEY, MICHAEL A P.O. BOX 4053 WINTER HAVEN, FL 33885 <div style="position: absolute; top: 50px; left: 300px; font-size: 2em;">OK</div> | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Michael A. Dewdney</i> Michael A DEWDNEY 863/297-5953 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |