

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-07-2004 90048 044-130:00  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

54028007



MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000062936</b> 1. Entity Name <b>PREVATT CONSTRUCTION, INC.</b>																																													
Principal Place of Business <b>1664 MANY RD N. FT MYERS FL 33903</b>			Mailing Address <b>1664 MANY RD N. FT MYERS FL 33903</b>																																										
2. Principal Place of Business <i>1664 Many Rd.</i>			3. Mailing Address <i>1664 Many Rd.</i>																																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																										
City & State <i>ft. Myer, Fla.</i>			City & State <i>ft. Myer, Fla.</i>																																										
Zip <b>33903</b>			Country <i>Lee</i>																																										
4. FEI Number <b>54-2118264</b>			<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																										
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>																																										
6. Name and Address of Current Registered Agent <b>PREVATT, VEDA I 1664 MANY RD N. FT MYERS FL 33903</b>																																													
7. Name and Address of New Registered Agent Name <b>DONALD E. PREVATT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1664 MANY RD.</b> <b>FT. MYERS, FLA.</b> City <b>FL</b> Zip Code <b>33903</b>																																													
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>Donald E. Prevatt</i> <b>DONALD E. PREVATT PRES.</b> <b>4-3-04</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 50%;">         9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>          Trust Fund Contribution.       </div> </div>																																													
<div style="display: flex;"> <div style="width: 50%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PRES. DONALD E. PREVATT 1664 MANY RD. FT. MYERS, FLA. 33903</b> </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="width: 50%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. DONALD E. PREVATT 1664 MANY RD. FT. MYERS, FLA. 33903</b>	<input type="checkbox"/> Delete																						TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.																																													
<b>SIGNATURE:</b> <i>Donald E. Prevatt</i> <b>DONALD E. PREVATT PRES.</b> <b>4-3-04</b> <b>239-656-0440</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																													