


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-09-2004 90049 050 ***150.00

DOCUMENT # P03000063059	
1. Entity Name MERCURY CONSTRUCTION COMPANY	

Principal Place of Business 3060 MERCURY ROAD 102 JACKSONVILLE FL 32207	Mailing Address 3060 MERCURY ROAD 102 JACKSONVILLE FL 32207
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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6. Name and Address of Current Registered Agent	
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FARAH & JONES, P.A. 3060 MERCURY ROAD 101 JACKSONVILLE FL 32207	
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4. FEI Number 02-0694741	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
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Name JAMES FARAH, ESQ Street Address (P.O. Box Number is Not Acceptable) 3060 MERCURY ROAD, suite 101 City Jacksonville FL Zip Code 32207	
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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 *James E Farah* DATE 1/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT EADEN, GEORGE 3060 MERCURY ROAD, suite 101 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FARAH, JAMES 3060 MERCURY ROAD, suite 101 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S. EADEN, GEORGE 3060 MERCURY ROAD, suite 101 JACKSONVILLE FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES E FARAH 3060 MERCURY ROAD, suite 101 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *James E Farah* DATE 2/4/04 DAYTIME PHONE # 904-731-7809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR