


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

04-12-2004 90661 022 ***150.00

DOCUMENT # P03000101077																													
1. Entity Name INTEGRITY DEVELOPMENT & CONSTRUCTION CORP.																													
Principal Place of Business 423 VILLA CIRCLE BOYNTON BEACH FL 33435 8184 TAUREN CT NAPLES FL 34119			Mailing Address 423 VILLA CIRCLE BOYNTON BEACH FL 33435 8184 TAUREN CT NAPLES FL 34119																										
2. Principal Place of Business 8184 TAUREN COURT Suite, Apt. #, etc.			3. Mailing Address 8184 TAUREN COURT Suite, Apt. #, etc.																										
City & State NAPLES FL			City & State NAPLES FL																										
Zip 34119		Country Collier PALM BEACH		Zip 34119																									
Country Collier PALM BEACH		Country Collier PALM BEACH		4. FEI Number 37-1475325																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent POIRIER, ROBERT P SR. 423 VILLA CIRCLE 8184 TAUREN COURT BOYNTON BEACH FL 33435 NAPLES FL 34119			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
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																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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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: <u>Robert P. Poirier</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
Date _____ Daytime Phone # _____																													