

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000110463

1. Entity Name  
RISE CONSTRUCTION, INC.



Principal Place of Business  
688 NE 9 ST  
CRYSTAL RIVER, FL 34429

Mailing Address  
688 NE 9 ST  
CRYSTAL RIVER, FL 34429

**FILED**  
Apr 27, 2005 08:00 AM  
Secretary of State



04092005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0287139	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P/TR  
NAME RISE, CHARLEY R  
STREET ADDRESS 688 NE 9 ST  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE SEC  
NAME RISE, CARL W  
STREET ADDRESS 688 NORTH EAST NINTH ST.  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE VP  
NAME RISE, MORGAN W  
STREET ADDRESS 688 NORTH EAST NINTH ST.  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE D  
NAME MIEDEMA, ROD  
STREET ADDRESS 3688 S. CANADIAN WAY  
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

04/27/05-00095-005 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 352-257-1909  
Date Daytime Phone #