


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

| | |
|---|---|
| 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 |
|---|---|



04092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

RISE, CHARLEY R
688 NE 9 ST
CRYSTAL RIVER, FL 34429

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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/TR RISE, CHARLEY R 688 NE 9 ST CRYSTAL RIVER, FL 34429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC RISE, CARL W 688 NORTH EAST NINTH ST. CRYSTAL RIVER, FL 34429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RISE, MORGAN W 688 NORTH EAST NINTH ST. CRYSTAL RIVER, FL 34429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MIEDEMA, ROD 3688 S. CANADIAN WAY HOMOSASSA, FL 34448 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

1100000335647
04/27/05-80095-005 150.00

DO NOT WRITE IN THIS SPACE

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: Charley R. RISE **4/26/05 352-257-1909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #