## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # P03000116771** 05-03-2004 91008 037 \*\*\*150.00 CHANEY & O'NEAL CONSTRUCTION, INC. Mailing Address Principal Place of Business 2420 TANGLEWOOD ST 2420 TANGLEWOOD ST LAKELAND, FL 33805 LAKELAND, FL 33805 2. Principal Place of Business 3. Mailing Address Tanglerson 2921 Tans Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-n akelan ela Not Applicable Country Country 33801 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHANEY, SHEDRICK JR 2420 TANGLEWOOD ST Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33805 City 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 Signature, typed or printed name of registered agent and title # applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. to paragram translation to partial entry the kind of a product, of or making to \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TIT1 F ☐ Change CHANEY, SHEDRICK JR NAME NAME STREET ADORESS 2420 TANGLEWOOD ST STREET ADDRESS CITY-ST-7IP LAKELAND, FL 33805 CITY-ST-7IP TITLE Delete Addition TITLE ☐ Change NAME O'NEAL, LORENZO 1147 W HICKORY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33815 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP ---CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change THILE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-SI-7P CITY-ST-ZIP ☐ Detete TILE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

May 03, 2004 8:00 am