2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE SIGNATURE AND TYPED OR PR

ANNUAL NEPUNE (AN)				<sub>1</sub> May 03, 2005 8:00 am	
DOCUMENT # P03000116771  1. Entity Name				Secretary of State	
CHANEY & O'NEAL CONSTRUCTION, INC.				05-03-2005 90064 014 ***150.0	00
Principal Plac	e of Business	Mailing Address			
2421 TANGLEWOOD ST LAKELAND FL 33801		2421 TANGLEWOOD ST LAKELAND FL 33801		r ·	
Principal Place of Business     Suite, Apt. #, etc.		3. Mailing Address P.O. Bo X 3926 Suite, Apt. #, etc.			
1509 MOONLITE DR.				1st MOORE CR2E034 (10/04)	
City & State LAKEZAND, FLORIDA		City & State LAKELAND, FLORIDA		<del></del>	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75	<del></del>
33801		33802	POLK	7. Name and Address of New Registered Agent	ired
6. Name and Address of Current Registered Agent  Name  Name					
				HANEY SHEDRICK JR	
LAK	0 TANGLEWOOD ST ~ N v (ELAND FL 33805	W ADDRESS -T			
				MOONLITE DR.	
City LAN					<sup>%</sup> 이 /
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			Registered Agent signature rec	who to kaney for 4-23-	-05
F	TLE NOW!!! FEE IS \$150.00	,		9. Election Campaign Financing \$	5.00 May Be
	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of	4		·	dded to Fees
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Chang	e 🗌 Addition
NAME STREET ADDRESS	CHANEY, SHEDRICK JR 2420 TANGLEWOOD ST		NAME STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33805		CITY-ST-ZIP		
TITLE	D	☐ Delete	THLE	☐ Chang	e 🔲 Addition
NAME STREET ADDRESS	O'NEAL, LORENZO 1147 W HICKORY ST		NAME STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33815		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Chang	e 🗌 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	÷	
CtTY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	☐ Chang	8 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CTTY-ST-ZIP		
TITLE		☐ Delete	TITLE	Chang	e 🗌 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
, TITLE NAME		☐ Delete	TITLE NAME	Chang	e 🔲 Addition
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	n Section 119.07(3)(i), Florida Statutes. I further certify that the same legal effect as if made under oath; that I am an office	e information cer or director
of the co	rporation or the receiver or trustee emp	owered to execute this report a	as required by Chapter	r 607, Florida Statutes; and that my name appears in Block 10	or Block 11 if

Bheney D. SHODRICK CHANEY, JR. 4-23-05 863 868 947/