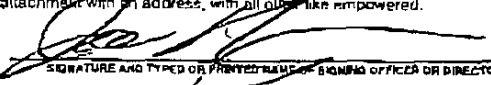


FILED
Feb 06, 2004 8:00 am
Secretary of State

01-13-2004 90014 018 ***150.00

2004 FOR PROFIT CORPORATE
ANNUAL REPORT

DOCUMENT # P03000117314			
1. Entity Name JOE RANEY CONSTRUCTION, INC.			
Principal Place of Business 818 SE 9TH STREET OCALA, FL 34471		Mailing Address 818 SE 9TH STREET OCALA, FL 34471	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0338961		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRETT L. SWIGERT, P.A. 818 SE 9TH STREET OCALA, FL 34471		7. Name and Address of New Registered Agent Name BRETT L. SWIGERT, P.A. Street Address (P.O. Box Number is Not Acceptable) 10935 SE 177TH PLACE SUITE #205 City SUMMERFIELD, FL Zip Code 34491	
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 <u>Brett L. Swigert, P.A.</u> Signature, typed or printed name of registered agent and why it applicable.		January 8, 2004 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANEY, JOE 818 SE 9TH STREET OCALA, FL 34471 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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		Jan 10, 2004 Date	



01072004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0338961

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
BRETT L. SWIGERT, P.A.
Street Address (P.O. Box Number is Not Acceptable)
10935 SE 177TH PLACE
SUITE #205
City
SUMMERFIELD, FL Zip Code
34491

January 8, 2004
DATE

\$5.00 May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Surname was misspelled; changed address to office address

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Jan 10, 2004
Date