


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90315 044 ***150.00

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| DOCUMENT # P03000117405 | |  | |
| 1. Entity Name ROY DEESE CONSTRUCTION, INC. | | | |
| Principal Place of Business 1815 SE 89 LANE OCALA, FL 34480 | | Mailing Address 1815 SE 89 LANE OCALA, FL 34480 | |
| 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 32-0099557 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BARNES, HELEN 3323 NE 14 STREET #C-9 OCALA, FL 34470 | | Name <u>Beth Watts Dominguez, CPA, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1907 S US Hwy 441</u> By <u>Belleview</u> FL Zip Code <u>34420</u> | |
| 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>Beth Watts Dominguez CPA</u> | | BETH WATTS DOMINGUEZ, CPA 4/20/05 | |
| Signature, typed or printed name of registered agent and date 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. <input type="checkbox"/> \$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 | P DEESE, ROY 1815 SE 89 LANE OCALA, FL 34480 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DEESE, MAUREEN 1815 SE 89 LANE OCALA, FL 34480 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>Ray Deese</u> | | Date <u>4-20-05</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

50043007



04142005 Chg-P CR2E034 (10/03)