

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90020 001 ***150.00

DOCUMENT # P03000122490

1. Entity Name

JEFF DALTON CONSTRUCTION, INC.



Principal Place of Business

614 GOLF COURSE DR
 FT WALTON BEACH FL 32547

Mailing Address

614 GOLF COURSE DR
 FT WALTON BEACH FL 32547

J4UWZUNU



MOORE CR2E034 (11/03)

2. Principal Place of Business

JEFF Dalton Construction 614 Golf Course Dr

3. Mailing Address

614 Golf Course Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Walton Beach, FL

City & State

Fort Walton Beach, FL

4. FEI Number

59-2410079

Applied For

Not Applicable

Zip

32547

Country

USA

Zip

32547

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALTON, BETTY A
 614 GOLF COURSE DR
 FT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name: BETTY A Dalton

Street Address (P.O. Box Number is Not Acceptable)

614 Golf Course Dr

City: Fort Walton Beach

FL

Zip Code

32547

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

Betty A Dalton, Inc

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DALTON, JEFFREY K	
STREET ADDRESS	614 GOLF COURSE DR	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	

TITLE	VT	<input type="checkbox"/> Delete
NAME	DALTON, BETTY A	
STREET ADDRESS	614 GOLF COURSE DR	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Betty A Dalton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04
 Date

Daytime Phone #