2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 14, 2004 8:00 am Secretary of State DOCUMENT # P03000122963 1. Entity Name 04-14-2004 90062 013 \*\*\*150.00 EDWARD HOLDEN CONSTRUCTION, INC. Principal Place of Business Mailing Address 1420 BOY SCOUT RD. 1420 BOY SCOUT RD. **DEFUNIAK SPRINGS FL 32435 DEFUNIAK SPRINGS FL 32435** 2. Principal Place of Business 3. Mailing Address 1420 Boy Scout Rd Home Suite, Apt. #, Co Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State De Funia/C City & State 4. FEI Number Applied For 03-053057 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired NALTON Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLDEN-CONSTRUCTION HOLDEN, EDWARD 1420 BOY SCOUT RD. **DEFUNIAK SPRINGS FL 32435** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition HOLDEN, EDWARD NAME STREET ADDRESS 1420 BOY SCOUT RD. STREET ADDRESS **DEFUNIAK SPRINGS FL 32435** CiTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition HOLDEN, MARJORIE MAME STREET ADDRESS 1420 BOY SCOUT RD. STREET ADDRESS CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435** CITY-ST-ZIP TITLE ☐ Delete TITLE HOLDEN EDWARD NAME NAME 1420-BOY SCOUT RL STREET ADDRESS STREET ADDRESS DeFunial Spgs. FL. 32435 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change TATRO RUSSELL 39 Terrence Cour NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DOTWIAK SPGS. FT. 32433 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

WE OF SIGNING OFFICER OR DIRECTOR

FILED