


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000132104
1. Entity Name
ROBERT O'BLENIS DESIGN & CONSTRUCTION, INC. *



Principal Place of Business
27601 GROVE ROAD
BONITA SPRINGS, FL 34135

Mailing Address
27601 GROVE ROAD
BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
33-1073540

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
O'BLENIS, ROBERT
27601 GROVE ROAD
BONITA SPRINGS, FL 34135

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES O'BLENIS, ROBERT 27601 GROVE ROAD BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP O'BLENIS, HILDA 27601 GROVE ROAD BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Robert O'Blenis ROBERT O'BLENIS APR 18, 05 239 992 8747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #