

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000138170					
1. Entity Name VINSON CONSTRUCTION COMPANY INC.					
Principal Place of Business 229 JODY LANE SYLVESTER, GA 31791-4013 <i>1949 Lighthouse Rd</i> <i>Carrabelle Beach Fla 32322</i>			Mailing Address 229 JODY LANE SYLVESTER, GA 31791-4013 <i>1949 Lighthouse Rd</i> <i>Carrabelle Beach Fla 32322</i>		
2. Principal Place of Business <i>1949 Lighthouse Rd</i> Suite, Apt. #, etc.		3. Mailing Address <i>1949 Lighthouse Rd</i> Suite, Apt. #, etc.			
City & State Carrabelle beach Fla		City & State Carrabelle Beach		4. FEI Number 80-0094982	
Zip 32322		Country Franklin		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VINSON, BYRTON W JR 1843 HWY 08 <i>1949 Lighthouse Rd.</i> CARRABELLE BEACH, FL 32322				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 VINSON, BYRTON W JR 229 JODY LANE SYLVESTER, GA 317914843		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1949 Lighthouse Rd</i> <i>Carrabelle Beach Fla 32322</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900032493089 04/12/04--01106--005 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Byrt W Vinson</i>			31 Apr 04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		