2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State
05-03-2004 91229 046 ***150.00

DOCUMENT # P03000144233

1. Entity Name
JAMES HOWARD BERRONG JR. CONSTRUCTION, CO.

66427995

Principal Place of Business	Mailing Address
101 EAST BEREAH RD AVON PARK, FL 33825	101 EAST BEREAH RD AVON PARK, FL 33825

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
101 East Bereah Rd	101 East Bereah Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Meade Fl	City & State: Ft. Meade Fl
Zip: 33841 County: Polk	Zip: 33841 County: Polk

4. FEI Number: 20-1188571 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENNETT, KARLA RENE'E 1104 W. PLEASANT STREET AVON PARK, FL 33825	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BERRONG, JAMES H JR.		NAME	Berrong, James H JR	
STREET ADDRESS	101 EAST BEREAH RD		STREET ADDRESS	101 E Bereah Rd	
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP	Ft. Meade Fl 33841	
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BERRONG, ELMA H		NAME	Berrong, Elma H	
STREET ADDRESS	101 EAST BEREAH RD		STREET ADDRESS	101 E Bereah Rd	
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP	Ft Meade Fl 33841	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Elma Berrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #