

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90293 005 ***150.00

DOCUMENT # P03000144791

1. Entity Name
REJEAN'S CONSTRUCTION SERVICES CORP.



Principal Place of Business
**2408 CHARLES RD
HALLANDALE, FL 33309**

Mailing Address
**2408 CHARLES RD
HALLANDALE, FL 33309**

14014140



2. Principal Place of Business

3. Mailing Address

02172004 Chg-P CR2E034 (10/03)

4. FEI Number

20-0454138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANDBERG, NEAL L
2650 BISCAYNE BLVD
MIAMI, FL 33137**

7. Name and Address of New Registered Agent

Name **Rejean Lamontague**

Street Address (P.O. Box Number is Not Acceptable)
2408 Charles Rd.

City **Hallandale Beach** **FL** Zip Code **33009**

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 **Rejean Lamontague**

[Signature]

04-23-04

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

TITLE **D** ☐ Delete
NAME **LAMONTAGNE, REJEAN**
STREET ADDRESS **2408 CHARLES RD**
CITY-ST-ZIP **HALLANDALE, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-04 (954) 600-5653

Date

Daytime Phone #

Rejean Lamontague, President