2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2004 8:00 am Secretary of State

DOCUMENT # P03000145233 1. Entity Name ROGER R. CARON CONSTRUCTION, INC.					08-02-2004 90009 005 ***150.00			
Principal Place 326 N. BELCH CLEARWATER	HER ROAD	Mailing Address 326 N. BELCHER ROAD CLEARWATER, FL 3376					740661 11111 11111 11111 11111	
2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (10/	03)
City & State		City & State			4. FEI Numbe	012 808	89	Applied For Not Applicable
Zip	Country	Zip	Country			of Status Desired		Additional quired
	6. Name and Address of Curren	7. Name and Address of New Registered Agent – Name						
CARON, ROGER 326 N. BELCHER ROAD CLEARWATER, FL 33765				Street Address (P.O. Box Number is Not Acceptable)				
CLEARWA	11ER, FL 33703						FL Zip	Code
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	ed office or register	red agent, or bo	h, in the State of Flo		with, and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	: Registered	d Agent signature required	when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financian Trust Fund Contribution.					.00 May Be led to Fees	In accordance v	with s. 607,193(2 not receive the p)(b), F.S., the rior notice.
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIREC	TORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARON, ROGER 326 N. BELCHER ROAD CLEARWATER, FL 33765	☐ Delete		i			Cha	inge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	□ Delete					☐ Ch	ange 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, P	☐ Delete					Cha	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	1				□ Ch	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		4			□ Ch	ange 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	1	1			□ Ch	ange
12. I hereby	certify that the information supplied w	with this filing does not qualify for	r the exe	mption stated in Start shall have the	ection 119.07(3)	(i), Florida Statutes.	I further certify that oath: that I am an o	the information

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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-04 (727) 736-06