## May 12, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P03000149006 05-12-2004 90204 050 \*\*\*150.00 1. Entity Name FERO CONSTRUCTION II, INC. 241/4/24 Principal Place of Business Mailing Address 18235 LACROIX AVENUE 18235 LACROIX AVENUE PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948 Suite, Apt. #, etc. 04262004 CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERO, JEFFREY J 18235 LACROIX AVENUE PORT CHARLOTTE, FL 33948 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. Lam familiar with, and accept SIGNATURE od agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Ď TITLE TITLE Change ☐ Addition ☐ Nelete FERO, JEFFREY J NAME NAME 20308 PORT CI 18235 LACROIX AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33948 CITY-ST-ZIP 33952 D Change TITLE ☐ Delete TITLE FERO, REBEKAH J NAME NAME 20308 CENTRY STREET ADDRESS 18235 LACROIX AVENUE STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33948 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIFLE - 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-\$1-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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.3.04 94

941628-220

FILED

Daylime Phone #