

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150057

FILED  
May 03, 2004  
Secretary of State

Entity Name: SURECRAFT CONSTRUCTION, INC.

**Current Principal Place of Business:**

11200 TYLER DRIVE  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

11200 TYLER DRIVE  
PORT RICHEY, FL 34668

**New Mailing Address:**

FEI Number: 27-0087335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEXTON, THOMAS  
11200 TYLER DRIVE  
PORT RICHEY, FL 34668

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: SEXTON, THOMAS  
Address: 11200 TYLER DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: VS ( ) Delete  
Name: SEXTON, JUDITH M  
Address: 11200 TYLER DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L. SEXTON

PRES

05/03/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date