2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000152021

1. Entity Name

BOB YOUMANS CONSTRUCTION INC.

FILED Apr 23, 2004 8:00 am Secretary of State 04-23-2004 90194 018 ***150.00

Principal Place of Business		Mailing Address	Mailing Address									
13946 NW 21 COURT CITRA FL 32113		13946 NW 21 COURT CITRA FL 32113	13946 NW 21 COURT CITRA FL 32113									
						1	(JE Belista viili be il					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)						
City & State		City & State	City & State			El Number	5032				pplied For ot Applicable	
Zip	Country	Zip	Country			Certificate of S			' Fe	8.75 Adee Require		
	6. Name and Address of Cur	rent Registered Agent			7. N	lame and Ad	dress of Ne	w Registe	ered Ag	ent		
VOI	MANIC DOD			Name								
YOUMANS, BOB 13946 NW 21 COURT CITRA FL 32113				Street Address (P.O. Box Number is Not Acceptable)								
				City					E!	Zip Coo	ie	
2 The shows	named antity outpoits this state-	and for the number of changing the		-	minton = -	ant as track	- 15- 0:		FL			
the obligat	named entity submits this stateme ions of registered agent.	ent for the purpose of changing its 	registere	ed office or reg	gistered agi	ent, or both, i	n the State of	of Florida.	I am far	niliar with,	, and accept	
SIGNATURE .	Signature, typed or printed name of registered	accost and title it englished. (AVCT)	E Dogistores	d Agent signature re		:			DATE			
STATES TO SERVER	en de la companya del companya de la companya del companya de la c		c. negisterec	Agent signature re	equired when re	instating) .			JAIL			
	ILE NOW!!! FEE IS \$150.00					9. Election	on Campaig	n Financin	g	\$5.0	O May Be	
	May 1, 2004 Fee will be \$550 Payable to Florida Departme					Trust f	Fund Contrib	oution.		Adde	d to Fees	
10. OFFICERS AND DIRECTORS 11.					AD	DITIONS/CH	ANGES TO	OFFICERS	. AND D	IBECTOE	IS IN 11	
TITLE	D ·	☐ Delete	TITLE			31770110,011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O TOLING		Change	☐ Addition	
NAME	YOUMANS, BOB		NAME	£					_			
STREET ADDRESS 13946 NW 21 COURT			STREET ADDRESS									
CITY-ST-ZIP				-ST-ZIP								
TITLE NAME	II	☐ Delete	TITLE						L	Change	Addition	
STREET ADDRESS			NAME Street									
CITY-ST-ZIP			CITY-	-ST-ZIP								
TITLE		☐ Delete	TITLE							Change	Addition	
NAME			NAME									
STREET ADDRESS-	··	<u> </u>		ET ADDRESS					_			
TITLE		☐ Delete		+							- Addition	
NAME		LI Delete	TITLE						L	☐ Change		
STREET ADDRESS S				ET ADDRESS								
CITY-ST-ZIP			CITY-	-ST-ZIP								
TITLE		Delete	TITLE							Change	☐ Addition	
NAME		NAME										
STREET ADDRESS CSTY-ST-ZIP				ET ADDRESS - ST-ZIP								
TITLE		☐ Delete	TITLE						г	Change	☐ Addition	
NAME		T Delete	NAME						L	change	Auditio/I	
STREET ADDRESS			STREE	ET ADORESS								
CITY-ST-ZIP CITY-												
12. hereby o	certify that the information supplied	d with this filing does not qualify fo	r the exer	mption stated	in Section 1	119.07(3)(i), F	lorida Statu	tes. I furth	er 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.

+ 4-21-04 +352) 671-9185 Date Davino Phone #