2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

## Mar 12, 2004 8:00 am Secretary of State DOCUMENT # P03000154323 1. Entity Name 03-12-2004 90002 033 \*\*\*158.75 A- TEAM CONSTRUCTION COMPANY Principal Place of Business Mailing Address 5933 COLCHESTER DRIVE ORLANDO FL 32812 5933 COLCHESTER DRIVE 54017057 ORLANDO FL 32812 2. Principal Place of Business 3. Mailing Address 5933 COLCHERTED DE 5933 COLCHESTER DR Suite, Apt. #, etc Suite Apt. #. etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number ✓ Applied For ORLAN Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired BRANG ORANGE 328/2 6. Name and Address of Current Registered Agent Fee Required 328/2 7. Name and Address of New Registered Agent ZIELINSKI, JOHN F Street Address (P.O. Box Number is Not Acceptable) **5933 COLCHESTER DRIVE** COLCHESTER ORLANDO FL 32812 Zip Code 32812 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. Vohn ZIELINSKI (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete CEO FRAMBR John Ziclingk, 5933 COLCHESTER DR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 328/2 ☐ Delete 56 CRETARY Addition TITLE TITLE ☐ Change LORI ANDREOLA NAME NAME 5933 ColeHESTER DX STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SELVALO FL32812 TITLE ☐ 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-ST-ZIP TIT! E ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CfTY-ST-ZIP CITY-ST-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 10 or Block 11 if

**FILED**