


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90092 031 ***150.00

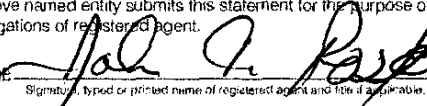
DOCUMENT # P04000001288		
1. Entity Name LINESIDE CONSTRUCTION, INC.		

Principal Place of Business 6820 ST AUGUSTINE RD JACKSONVILLE, FL 32217	Mailing Address 6820 ST AUGUSTINE RD JACKSONVILLE, FL 32217
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2. Principal Place of Business 964 Lindsey Kay Ct. Suite, Apt. #, etc.	3. Mailing Address 964 Lindsey Kay Ct. Suite, Apt. #, etc.
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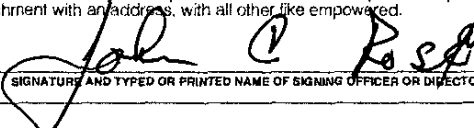
City & State Yulee, FL	City & State Yulee, FL	4. FEI Number 20-0582725	Applied For Not Applicable
Zip 32097	Country USA	Zip 32097	Country USA

6. Name and Address of Current Registered Agent JOSEPH, J M 6820 ST AUGUSTINE RD JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name JOHN C. ROSE Street Address (P.O. Box Number is Not Acceptable) 964 Lindsey Kay Ct. City Yulee FL Zip Code 32097	
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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.		4/26/04	
SIGNATURE: 		DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, JOHN C 964 LINDSEY KAY CT YULEE, FL 32097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: Feb 13 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	