2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-14-2005 90117 049 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000041632

1. Entity Name
MIKE DISCHER CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
~~80 NW 48 CT~~ FT LAUDERDALE, FL 33309	~~80 NW 48 CT~~ ~~FT LAUDERDALE, FL 33309~~

2. Principal Place of Business	3. Mailing Address
140 NE 682 Ave	Same
Suite, Apt. #, etc. Old Town	Suite, Apt. #, etc.
City & State Fl	City & State
Zip 32680 Country Dixie	Zip Country

4. FEI Number 20-0844356 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST DISCHER, MICHAEL T ~~80 NW 48 CT~~ ~~FT LAUDERDALE, FL 33309~~	☐ Delete	140 NE. 682 Ave Old Town Fl, 32680	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DISCHER, MICHAEL T ~~80 NW 48 CT~~ ~~FT LAUDERDALE, FL 33309~~	☐ Delete	140 N.E 682 Ave old Town Fl 32680	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Michael Discher 3-11-05 352-542-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #