
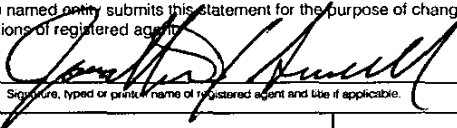



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90168 022 ***150.00

DOCUMENT # P04000144324 1. Entity Name SEWELL BROTHERS CONSTRUCTION, INC.					
Principal Place of Business 712 W. MARTIN LUTHER KING JR. BOULEVARD TAMPA, FL 33603			Mailing Address 712 W. MARTIN LUTHER KING JR. BOULEVARD TAMPA, FL 33603		
2. Principal Place of Business 10111 Cowlex Rd Suite, Apt. #, etc.		3. Mailing Address 10111 Cowlex Rd Suite, Apt. #, etc.			
City & State Riverview Fla. Zip 33569		City & State Riverview Fla Zip 33569		4. FEI Number 20-1765955	
Country Hillborough		Country Hillborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEWELL, JONATHAN L 712 W. MARTIN LUTHER KING JR. BOULEVARD TAMPA, FL 33603				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10111 Cowlex Rd. City Riverview FL Zip Code 33569	
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:  04-26-05 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME SEWELL, JONATHAN L STREET ADDRESS 712 W. MARTIN LUTHER KING JR BOULEVARD CITY-ST-ZIP TAMPA, FL 33603	TITLE 10111 Cowlex Rd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Riverview Fla. STREET ADDRESS 33569 CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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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:  Jonathan L. Sewell 4/26/5 813-220-3446 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					