FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

1. Entity Name

P04246

ROSS BROTHERS CONSTRUCTION CO.



FILED

04 FEB -9 PM 2: 06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Busin	ness	3. Mailing Address		PEINS FOO NOT WHITEIN THIS SPACE 07-04					
Suite, Apt. #, etc. STA	re route 168	Suite, Apt. #, etc. P.O. BOX 7		DO NOT WHITE IN THIS SP	ACE				
City & State ASH	LAND, KY	City & State ASHLAND, K	Y	4. FEI Number 61-0997092	Applied For Not Applicable				
.Zip 41101	Country BOYD	Zip 41105	Country BOYD		8.75 Additional e Required				

DO NOT WRITE IN THIS SPACE

	7. Name and Address of Current Registered Agent									
Name	MORRIS L. GRIFFITHS	}								
Street A	ddress (P.O. Box Number is Not Accept	table)								
	6995 NOVA ROAD		_							
City	ST. CLOUD	FL 327899	_							

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 ake Check Payable to Florida Department of State

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check I	Payable to Florida Department of State			1
10.	OFFICERS AND DIRECTORS	on the second to be the second	and the second of the second o	et a la Campa de Santille Campania
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MORRIS L. GRIFFITHS 1931 GREEN SPRINGER ROAD ASHLAND, KY 41102	NAME STREET ADDRESS CITY-ST-ZIP	4000286626 02/12/0401038031	3 94 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS L. GRIFFITHS 1931 GREENSPRINGER ROAD ASHLAND, KY 41102	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP	AT ELIZABETH HALL 1915 WILSHIRE BLVD ASHLAND, KY 41101	TITLE NAME STREET ADDRESS CITY-S1-ZIP	DO NOT WR	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M	TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04 (L

(Lace) 739-5139

CR2E034B (12/0

Morris L. Griffiths, President

October 13, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32614.6327

Re: 2003 Annual Filing Report, Record # P04246

We did not receive the Annual Filing Report nor did we receive the second notice.

We are enclosing a Check in the amount of \$158.75 to cover the annual filing fee, plus \$8.75 for a Certificate of Status.

Please waive the late filing and reinstatement fees.

Morris L. Griffiths

President