

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90006 038 \*\*\*158.75

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P25944**

1. Entity Name  
**F.H. MYERS CONSTRUCTION CORP.**



Principal Place of Business  
**520 COMMERCE PT  
JEFFERSON, LA 70123**

Mailing Address  
**520 COMMERCE PT  
JEFFERSON, LA 70123**

**44001613**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>72-1100864</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KENNEDY, THOMAS J.  
4410 SAN LUCIAN LANE  
NORTH FT. MYERS, FL 33903**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MYERS, FRED H.
STREET ADDRESS	520 COMMERCE PT
CITY-ST-ZIP	JEFFERSON, LA 70123
TITLE	S
NAME	MYERS, RACHELLE
STREET ADDRESS	520 COMMERCE PT
CITY-ST-ZIP	JEFFERSON, LA 70123
TITLE	VP
NAME	ROBERTS, JAMES D
STREET ADDRESS	520 COMMERCE PT
CITY-ST-ZIP	HARAHAN, CA 70123
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Fred H. Myers* **FRED H. MYERS** 01/09/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #