


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90669 013 \*\*\*150.00

<b>DOCUMENT # P93000004077</b>	
1. Entity Name <b>GERALD A. FONDRY CONTRACTING, INC.</b>	

Principal Place of Business <b>2934 POST STREET JACKSONVILLE, FL 32205 US</b>	Mailing Address <b>2286-A LAKESHORE BLVD JACKSONVILLE, FL 32210 US</b>
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**34070603**

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3161126</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

04292004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>PURCELL, THOMAS K 1548 LANCASTER TERR JACKSONVILLE, FL 32210</b>		7. Name and Address of New Registered Agent Name <b>FONDRY, GERALD A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2286A LAKESHORE BLVD</b> City <b>JACKSONVILLE</b> FL <b>32210</b>	
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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.

SIGNATURE  **GERALD A. FONDRY** DATE **4-30-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>PSTD FONDRY, GERALD A 2286A LAKESHORE BLVD JACKSONVILLE, FL 32210</b> <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
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  **GERALD A. FONDRY** DATE **4-30-04** DAYTIME PHONE # **(904) 388-6686**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR