


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90446 022 ***150.00

DOCUMENT # P93000014594	
1. Entity Name ADVANCED BUILDING COMPANY OF NORTH FLORIDA, INC.	

Principal Place of Business 6401 A1A SOUTH ST AUGUSTINE FL 32080-7502 US	Mailing Address 6401 A1A SOUTH ST AUGUSTINE FL 32080-7502 US
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2. Principal Place of Business 4535 SR 207 Suite, Apt. #, etc.	3. Mailing Address 4535 SR 207 Suite, Apt. #, etc.
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City & State EIKTON FL Zip 32033 Country US	City & State EIKTON FL Zip 32033 Country US
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4. FEI Number 59-3173342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent MICHAEL, HEATHER D. 5348 A1A ST AUGUSTINE FL 32080	
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7. Name and Address of New Registered Agent	
Name Michael, Heather D.	
Street Address (P.O. Box Number is Not Acceptable) 7601 A1A South	
City St. Augustine	FL
Zip Code 32080	

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PCEO	<input type="checkbox"/> Delete
NAME MICHAEL, WARREN T	
STREET ADDRESS 5348 A1A	
CITY-ST-ZIP ST AUGUSTINE FL 32080	
TITLE VP	<input type="checkbox"/> Delete
NAME MICHAEL, HEATHER D	
STREET ADDRESS 5348 A1A	
CITY-ST-ZIP ST AUGUSTINE FL 32080	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 7601 A1A South	
CITY-ST-ZIP St. Augustine, FL 32080	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 7601 A1A South	
CITY-ST-ZIP St. Augustine, FL 32080	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowerment.

SIGNATURE: Warren T. Michael Jr **WARREN T. MICHAEL JR** 2/26/04 461-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #