


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-19-2004 90053 033 ***550.00


DOCUMENT # P93000052117	
1. Entity Name BELDEN-MORSE CONSTRUCTION, INC.	

Principal Place of Business 1560 MATTHEW DR STE B FT MYERS, FL 33907 US	Mailing Address 1560 MATTHEW DR STE B FT MYERS, FL 33907 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

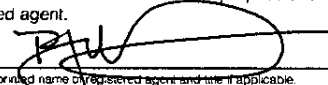
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08062004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0451268		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KRACKHARDT, PAUL 5837 TALLOWOOD CIRCLE FT MYERS, FL 33919		7. Name and Address of New Registered Agent Name KRACKHARDT, PAUL Street Address (P.O. Box Number is Not Acceptable) 1444 CLARET COURT City FT MYERS FL Zip Code 33919

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  **PAUL J. KRACKHARDT** 8/17/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete KRACKHARDT, PAUL 5837 TALLOWOOD CIR FORT MYERS, FL 33907	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:  **PAUL J. KRACKHARDT** 8/17/04 239-710-1328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #