## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on a

**SIGNATURE** 

## Apr 07, 2004 8:00 am Secretary of State DOCUMENT # P93000083606 1. Entity Name 04-07-2004 90054 029 \*\*\*150.00 DITTRICH CONSTRUCTION INC. Mailing Address Principal Place of Business 6011 HOMOSASSA TRAIL P O BOX 597 HOMOSASSA FL 34478 SUITE 18 HOMOSASSA FL 34487 2. Principal Place of Business ijing Address 20201110 Suite, Apt. #, etc CR2E034 (11/03) Applied For City & State 4. FEI Number 59-3211757 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DITTRICH, JOHN Street Address (P.O. Box Number is Not Acceptable) 6671 BASSETT DRIVE HOMOSASSA FL 34487 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D Delete TITLE Change ☐ Addition NAME MOITTRICH, JOHN NAME STREET ADDRESS P.O. BOX 597 N/A STREET ADDRESS HOMOSASSA FL 34487 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE DITTRICH, ELLEN NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 597 N/A HOMOSASSA FL 34487 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TILE ☐ Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED