


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000084633	
1. Entity Name 3-D CONSTRUCTION INC. OF MARGATE	

Principal Place of Business P.O. BOX 822004 SOUTH FLORIDA, FL 33082-2004	Mailing Address P.O. BOX 822004 SOUTH FLORIDA, FL 33082-2004
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DO NOT WRITE IN THIS SPACE



03072003 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0432987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SKALSKY, DOUGLAS
301 S 57 AVENUE
HOLLYWOOD, FL 33020**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKALSKY, DOUGLAS 301 S 57 AVENUE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, JAMES A 301 S 57 AVENUE HOLLYWOOD, FL 33020
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05/17/04-80007-016 150.00

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: Doug Skalsky Doug Skalsky 5/12/04 954-981-8907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #