

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90197 030 ***150.00

DOCUMENT # P94000019652

1. Entity Name
R.P.O. CONSTRUCTION, INC.



Principal Place of Business Mailing Address

503 N. ORLANDO AVE. 503 N. ORLANDO AVE.
 SUITE 105 SUITE 105
 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04082004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3252978 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B
 503 N ORLANDO AVENUE STE 105
 COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ 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 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHOEMAKER, JOHN B 503 N. ORLANDO AVE. #105 GOTTONDALE, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COCO A BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KODSI, ALBERT 503 N ORLANDO AVE #105 COCO A BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres KODSI, ALBERT 503 N. Orlando Ave, #105 Cocoa Beach, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + T COHEN, ODED 4432 PARKWAY COMMERCE BLVD ORLANDO FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T COHEN, ODED 4432 Parkway Commerce Blvd Orlando, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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:  **JOHN B SHOEMAKER** 4/23/04 407 294 7931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #