


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 503 N. ORLANDO AVE. SUITE 105 COCOA BEACH, FL 32931	Mailing Address 503 N. ORLANDO AVE. SUITE 105 COCOA BEACH, FL 32931
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04082004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3252978	Applied For <input type="checkbox"/> Not Applicable
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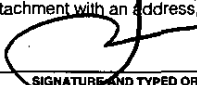
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B 503 N ORLANDO AVENUE STE 105 COCOA BEACH, FL 32931	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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 VP NAME SHOEMAKER, JOHN B STREET ADDRESS 503 N. ORLANDO AVE. #105 CITY-ST-ZIP COTTONDALE, FL 32431	<input type="checkbox"/> Delete	TITLE VP NAME KODSI, ALBERT STREET ADDRESS 503 N. Orlando Ave, #105 CITY-ST-ZIP Cocoa Beach, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PRES NAME KODSI, ALBERT STREET ADDRESS 503 N ORLANDO AVE #105 CITY-ST-ZIP COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE Pres NAME KODSI, ALBERT STREET ADDRESS 503 N. Orlando Ave, #105 CITY-ST-ZIP Cocoa Beach, FL 32931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP + T NAME COHEN, ODED STREET ADDRESS 4432 PARKWAY COMMERCE BLVD CITY-ST-ZIP ORLANDO FL 32808	<input type="checkbox"/> Delete	TITLE VP, T NAME COHEN, ODED STREET ADDRESS 4432 Parkway Commerce Blvd CITY-ST-ZIP Orlando, FL 32808	<input type="checkbox"/> Change <input checked="" 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
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
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:  JOHN B SHOEMAKER 4/23/04 407 294 7931	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	