

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000066524

1. Entity Name
 R.J. CHAREST CONSTRUCTION, INC.



Principal Place of Business
 C/O TIM MCLEOD
 261 SW 4TH STREET
 DANIA, FL 33004

Mailing Address
 C/O TIM MCLEOD
 261 SW 4TH STREET
 DANIA, FL 33004



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0522445 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MCLEOD, TIM E
 261 SW 4TH STREET
 DANIA, FL 33004

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE P
 NAME MCLEOD, TIMOTHY
 STREET ADDRESS 261 SW 4TH STREET
 CITY-ST-ZIP DANIA, FL 33004

TITLE T
 NAME MCLEOD, TIM
 STREET ADDRESS 261 SW 4TH STREET
 CITY-ST-ZIP DANIA, FL 33004

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

000000070409
 03/01/04-80040-006 150.00

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2-18-04 9548227347