2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 19, 2004 8:00 am

					Secretary of State			
DOCUMENT # P95000037593 1. Entity Name GREG DELONG CONSTRUCTION INC.					05-19-2004 90010 047 ***150.00			
GNEODE	LEGING CONSTITUTION IN	O.						
Principal Place	e of Business	Mailing Address				EARER	7410	
31600 DIVISION ST 31600 DIVISION ST						540547	(00	
DELAND, FL 32720 DELAND, FL 32720								
					REGI KANA MERU KUNU KUN	. 	0 3111003 (SE)	
2. Principal Place of Business 3. Mailing Address Volume								
Suite, Apt. #, etc. Suite, Apt. #, etc.				03212004	Chg-P	CR2E034 (10/0	3)	
					-			
Occurace City, Fl Drange City,			y. PC	4. FEI Number 59-3313	4. FEI Number Applied For 59-3313622 Not Applicable			
ZZID	to 2 Country Living	3077to	Collingry Last	5. Certificate of	f Status Desired	□ \$8.75 / Fee Requ		
بيحت	6. Name and Address of Current Re	egistered Agent	V C 1 C 3	7Name and /	Address of New R	egistered Agent		
			Name					
DELONG, GREG 31600 DIVISION ST			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
DELAND, FL 32720								
		•	City			FL Zip C	ode	
D. Th	named entity submits this statement for t	the aurages of changing its res	ristand office or reci	istared agent, or both	in the State of Elr		ith and accept	
	named entity submits this statement for the ions of registered agent.	ine purpose of changing its reg	distelled office of fedi	istered agent, or both	i, in the state of Fit	Jida. Tamiamila w	iii, and accept	
DIGULTUPE 42 AV								
SIGNATURE	Signature, typed or printed it the of registered admittan	d title if applicable. (NOTE: Re	egistered Agent signature rec	quired when reinstating)	4 4 4 - 1	DATE		
FIL Affer M	E NOW!!! FEE IS \$150.90 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees		-		
			<u>i</u>	A DOUTION O	NAME TO OFF		ODC IN 11	
10.	OFFICERS AND D		11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECT!		
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date