2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90023 014 ***150.00

DOCUMENT # P95000048297

1. Entity Name
DOWN UNDER CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
6880 46 AVE N., SUITE 210 ST. PETERSBURG, FL 33709 US	6880 46 AVE N., SUITE 210 ST. PETERSBURG, FL 33709 US

02112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
13710 49th Street N	13710 49th Street N
Suite, Apt. #, etc.: Unit G	Suite, Apt. #, etc.: Unit G
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33762 Country:	Zip: 33762 Country:

4. FEI Number: 59-3327652 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOSLIN, JANICE K
6880 46TH AVE. NORTH, #210
ST. PETERSBURG, FL 33709

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 13710 49th Street N
Unit G
City: Clearwater FL Zip Code: 33762

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSLIN, JANICE K 6880 46TH AVE N., #210 ST. PETERSBURG, FL 33709 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 8306 40th Avenue North St Petersburg, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Janice K. Joslin 727-556-9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #