

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000047870

FILED
Aug 27, 2004
Secretary of State

Entity Name: SHORELINE CONSTRUCTION SERVICES CORPORATION

Current Principal Place of Business:

505 E. WHITNEY DRIVE
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

505 E. WHITNEY DRIVE
JUPITER, FL 33458

New Mailing Address:

308 LYNN DRIVE
SANTA ROSA BEACH, FL 32459

FEI Number: 65-0669832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY, MICHAEL
515 N FLAGLER
19TH FLOOR
W PALM BEACH, FL 33401

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LABZDA, WILLIAM
Address: 505 E. WHITNEY DR.
City-St-Zip: JUPITER, FL 33458

Title: VD () Delete
Name: CICERONI, ROBERT F
Address: 11420 153RD CT. NORTH
City-St-Zip: JUPITER, FL 33478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LABZDA, WILLIAM
Address: 94 JUNIPER STREET
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD (X) Change () Addition
Name: FRANCE, GREGORY T
Address: 207 MORRISON AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. LABZDA

PD

08/27/2004

Electronic Signature of Signing Officer or Director

Date