



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90051 007 \*\*\*150.00

<b>DOCUMENT # P97000006174</b>					
1. Entity Name <b>NDC CONSTRUCTION COMPANY</b>					
Principal Place of Business 1001 3RD AVENUE WEST SUITE 410 BRADENTON, FL 34205			Mailing Address 1001 3RD AVENUE WEST SUITE 410 BRADENTON, FL 34205		
2. Principal Place of Business <i>1001 3rd Avenue West</i>		3. Mailing Address <i>1001 3rd Avenue West</i>			
Suite, Apt. #, etc. <i>Suite 600</i>		Suite, Apt. #, etc. <i>Suite 600</i>			
City & State <i>Bradenton FL</i>		City & State <i>Bradenton FL</i>			
Zip <i>34205</i>		Zip <i>34205</i>			
Country <i>Manatee</i>		Country <i>Manatee</i>		01072004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>59-3423927</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  VOGLER, EDWARD II 802 11TH STREET WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name <i>Walters, Clifford</i> Street Address (P.O. Box Number is Not Acceptable) <i>802 11th Street West</i> City <i>Bradenton</i> <b>FL</b> Zip Code <i>34205</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small> DATE _____					
2. FEE INFORMATION <b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PS	<input type="checkbox"/> Delete			
NAME	ALLEN, RONALD J				
STREET ADDRESS	1001 3RD AVE W, SUITE 410				
CITY-ST-ZIP	BRADENTON, FL 34205				
TITLE	TAS	<input type="checkbox"/> Delete			
NAME	CONNOR, DIANE G				
STREET ADDRESS	4415 5TH AVE				
CITY-ST-ZIP	PITTSBURG, PA 15213				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	VANDERGRIFT, LEE				
STREET ADDRESS	1001 3RD AVE W, SUITE 410				
CITY-ST-ZIP	BRADENTON, FL 34205				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	MASON, MARTIN				
STREET ADDRESS	4415 FIFTH AVENUE				
CITY-ST-ZIP	PITTSBURGH, PA 15213				
TITLE	EVP	<input type="checkbox"/> Delete			
NAME	HUGGINS, GARY L				
STREET ADDRESS	1001 3RD AVENUE W STE 410				
CITY-ST-ZIP	BRADENTON, FL 34205				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <i>Martin Mason</i> <i>Martin Mason</i> <i>1/7/04</i> <i>412 578-7861</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					