


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90999 034 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P97000050303</b>                                 |  |
| 1. Entity Name<br><b>CONSTRUCTION REPAIR AND SERVICE, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1502 SE 11TH AVE<br/>CAPE CORAL, FL 33990</b> | Mailing Address<br><b>1502 SE 11TH AVE<br/>CAPE CORAL, FL 33990</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>523 SE 15th Street</b> | 3. Mailing Address<br><b>523 SE 15th Street</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                             |

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br><b>Cape Coral, FL</b> | City & State<br><b>Cape Coral, FL</b> |
| Zip<br><b>33990</b>                   | Zip<br><b>33990</b>                   |
| Country                               | Country                               |

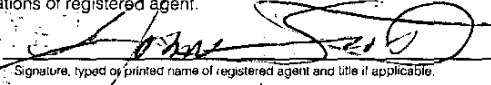


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|   |  |
|---|--|
| 4. FEI Number<br><b>65-0765274</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b>           |
| <b>SCOTT, JOHN<br/>1502 SE 11TH AVE<br/>CAPE CORAL, FL 33990</b> |

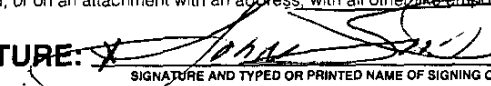
|   |
|---|
| <b>7. Name and Address of New Registered Agent</b>                              |
| Name  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>523 SE 15th Street</b> |
| City<br><b>Cape Coral</b>   |
| State<br><b>FL</b>  |
| Zip Code<br><b>33990</b>  |

|   |                        |
|---|------------------------|
| 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<br>  | DATE<br><b>4/30/04</b> |

|   |   |                                    |
|---|---|------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS   |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Delete |
| <b>D<br/>SCOTT, JOHN<br/>1502 SE 11TH AVE<br/>CAPE CORAL, FL 33990</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>523 SE 15th Street<br/>Cape Coral, FL 33990</b>    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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:   | DATE: <b>4/30/04</b>                 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  | Daytime Phone # <b>X239-771-7597</b> |