

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-10-2004 90025 014 ***150.00

DOCUMENT # P97000052513					
1. Entity Name FORTRESS INDUSTRIES, INC.					
Principal Place of Business 1194 OLD DIXIE HWY SUITE #18 LAKE PARK, FL 33403			Mailing Address 1194 OLD DIXIE HWY SUITE #18 LAKE PARK, FL 33403		
2. Principal Place of Business 1466 OVERSEAS HWY Suite, Apt. #, etc.		3. Mailing Address P.O. Box 500192 Suite, Apt. #, etc.			
City & State MARATHON FL		City & State MARATHON FL		4. FEI Number 65-0759350	
Zip 33050		Country MONROE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAUGHT, WILLIAM 1466 OVERSEAS HWY MARATHON, FL 33050			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>William Braught</u> 3-8-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	STD PRESZ, LINDA 1466 OVERSEAS HWY MARATHON, FL 33050		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRAUGHT, WILLIAM 770 LORI DR., SUITE 246 PALM SPRINGS, FL 33461		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRAUGHT WILLIAM 1466 OVERSEAS HWY MARATHON FL 33050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BORNSTEIN, MICHAEL 3417 FLORAL AVE WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAPIN, NEIL 1281 N OCEAN DR #159 WEST PALM BEACH, FL 33404		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <u>William Braught</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-8-04		305 7436154 <small>Daytime Phone #</small>