2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000064711

Apr 25, 2004 Secretary of State

Entity Name: UNITED & STRONG CONSTRUCTION, INC. **Current Principal Place of Business: New Principal Place of Business:** 7265 OAKWOOD DR. 394 FOXTAIL AVE JACKSONVILLE, FL 32211 MIDDLEBURG, FL 32068 **Current Mailing Address: New Mailing Address:** 7265 OAKWOOD DR. 394 FOXTAIL AVE. JACKSONVILLE, FL 32211 MIDDLEBURG, FL 32068 FEI Number: 59-3457580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ADAMS, SHAWN ADAMS, SHAWN 7265 OÁKWOOD DR. 9501 HÉCKSCHER DR JACKSONVILLE, FL 32211 US JACKSONVILLE, FL 32216 US 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: 04/25/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BACKSKOPF, CHRISTIAN Name: Name: 1619 ALMINA RD Address: Address: City-St-Zip: JAX, FL 32211 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: ADAMS, SHAWN Name: ADAMS, SHAWN 3544 RAIN FOREST DR WEST Address: 9501 HECKSCHER DR. Address: JAX, FL 32277 City-St-Zip: JAX, FL 32226 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN YOUMANS S 04/25/2004

() Delete

YOUMANS, JOHN

394 FOXTAIL AVE

MIDDLEBURG, FL 32068

Title:

Name:

Address: City-St-Zip: () Change () Addition