


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90317 033 \*\*\*150.00

**DOCUMENT # P97000102571**

1. Entity Name  
**PAUL VACHON CONSTRUCTION, INC.**



Principal Place of Business  
 4251 NE 18 TER  
 OCALA, FL 34479

Mailing Address  
 1840 N.E. 38TH STREET  
 OCALA, FL 34479

2. Principal Place of Business  
**5241 NE 11 AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5241 NE 11 AVE**  
 Suite, Apt. #, etc.

City & State  
**OCALA FL**

City & State  
**OCALA FL**

Zip  
**34479**


Country  
**MARION**

Zip  
**34479**

Country  
**MARION**

04152004 Chg-P CR2E034 (10/03)

04056569



6. Name and Address of Current Registered Agent

**VACHON, PAUL**  
**2020 NORTHEAST 44TH STREET**  
**OCALA, FL 34479**

4. FEI Number  
**59-3491648**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name  
**VACHON PAUL**

Street Address (P.O. Box Number is Not Acceptable)  
**5241 NE 11 AVE**

City  
**OCALA FL** Zip Code  
**34479**

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:  DATE: **4-16-04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VACHON, PAUL 1620 NW 55 ST. GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VACHON, JR PAUL 4251 NE 18 TERR. OCALA, FL 34479	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VACHON, BRIAN A 637 SE 24 ST OCALA, FL 34471	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5241 NE 11 A AVE</b> <b>OCALA FL 34479</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  DATE: **4-16-04** 352-266-9229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #