

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90038 021 ***158.75

DOCUMENT # P98000008905

1. Entity Name
DICK TRAVIS CONSTRUCTION, INC.



Principal Place of Business 1341 TANGERINE DRIVE JACKSONVILLE FL 32259	Mailing Address 1341 TANGERINE DRIVE JACKSONVILLE FL 32259
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MOORE CR2E034 (11/03)

2. Principal Place of Business 2177 Bishop Estates Rd. Suite, Apt. #, etc.	3. Mailing Address 2177 Bishop Estates Rd. Suite, Apt. #, etc.
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City & State Jacksonville, Florida	City & State Jacksonville, Florida	4. FEI Number 59-3490599	Applied For <input type="checkbox"/> Not Applicable
Zip 32259-3019	Country USA	Zip 32259-3019	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PERSONS, ROBERT B ESQ.
2215 SOUTH THIRD STREET,, SUITE 101
JACKSONVILLE BEACH FL 32250

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

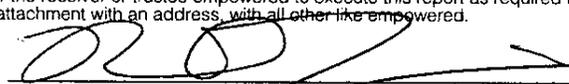
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	DPST TRAVIS, DICK 1341 TANGERINE DRIVE JACKSONVILLE FL 32259 <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
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	DPST Travis, Dick 2177 Bishop Estates Rd Jacksonville, Florida 32259-3019 <input checked="" 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
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04 (904) 230-2193
Date Daytime Phone #