2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015632

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MERRITT ISLAND, FL 32952

() Delete

FILED Jun 30, 2004 Secretary of State

Entity Nar	ne: PRO	CONSTRU	CTION SERVICES INC.				
Current Principal Place of Business:				New Principal Place of Business:			
255 MANC STE 2 MERRITT		I 32952					
Current M	,			New Maili	ng Addres	s:	
255 MANC STE 2 MERRITT		L 32952			•		
FEI Number:	59-3496702	! FEI N	umber Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired	()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WILCOX, I 1630 YATE MERRITT The above in the State	ES DR. ISLAND, F named en	tity submits	US this statement for the pu	urpose of changing	its registere	ed office or registered agent, o	r both,
SIGNATUR	RE:						
	Elec	tronic Sign	ature of Registered Ager	nt		Date	
			F.S., the corporation did not fund Contribution ().	receive the prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:		() Delete JILLL N KERAL AVE SLAND, FL 3	32952	Title: Name: Address: City-St-Zip:	1630 YATE	(X) Change()Addition ILLL N PRES. S DRIVE SLAND, FL 32952	
Title: Name: Address: City-St-Zip:		() Delete DAVID S KERAL AVE. SLAND, FL 3	32952	Title: Name: Address: City-St-Zip:	1630 YATE	(X) Change()Addition DAVID S VICE P S DRIVE SLAND, FL 32952	
Title: Name: Address:	VP WILCOX, I 1415 MAC	()Delete DAVID S KERAL AVENI	UE	Title: Name: Address:	,	(X) Change () Addition DUGLAS R VP PICKETT PLACE	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CHULUOTA, FL 32766

CHULUOTA, FL 32766

CAPPS, DOUGLAS R SEC.

2780 LAKE PICKETT PLACE

() Change (X) Addition

SIGNATURE: JILL WILCOX PRES 06/30/2004