2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2005 08:00 AM Secretary of State **DOCUMENT # P98000020254** 1. Entity Name PAPE CONSTRUCTION, INC Principal Place of Business Mailing Address 2975 GREY STONE DR 2975 GREY STONE DR PACE, FL 32571 PACE, FL 32571 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3550220 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent an an consequently experience of the second consequence of the second consequence of the second consequence of the process continues are alternative and the state of th PAPE, KEITH M DO NOT WRITE 2975 GREYSTONE DR PACE, FL 32571 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 1Ö. OFFICERS AND DIRECTORS TITLE PAPE, KEITH M NAME 2975 GREYSTONE DR STREET ADDRESS -DÖDDOO210261 CITY-ST-ZIP PACE, FL 02/02/05-80071-015 150.00 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIME IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 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, mit all other like empowered. SIGNATURE:

ENGRATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

FILED