| 2004 FOR PROFIT CORPORATION<br>ANNUAL REPORT   |                      | FILED<br>Apr 13, 2004 08:00 AM       |   |  |
|--|----------------------|--------------------------------------|---|--|
| DOCUMENT # P98000039435<br>1. Entity Name<br>BELTZ CONSTRUCTION, INC.  |                      | Secretary of State                   |   |  |
| Principal Place of Business     Mailing Address       14260 W. NEWBERRY RD.     14260 W. NEWBERRY RD.       BOX 346     BOX 346       NEWBERRY, FL 32669     NEWBERRY, FL 32669  |                      |                                      |   |  |
| DO NOT WRITE IN THIS SPA   | CE                   | 04052004<br>4. FEI Number<br>59-3509 | No Chg-P CR2E034 (10/03)                  |  |
| 6. Name and Address of Current Registered Agent<br>BELTZ, BILLY M JR<br>14260 W. NEWBERRY RD.<br>BOX 346<br>NEWBERRY, FL 32669   |                      |                                      | NOT WRITE<br>HIS SPACE                    |  |
| The above named entity submits this statement for the purpose of changing its register<br>the obligations of registered agent.     Signature, typed or printed name of Registered agent and tide if applicable.     (NOTE. Registered  | ed office or registe | -                                    | 4/8704<br>DATE                            |  |
| FILE NOW!!! FEE IS \$150.00       9. Election Campaign Fina         After May 1, 2004 Fee will be \$550.00       Trust Fund Contribution.         10.       OFFICERS AND DIRECTORS         MILE       P         NAME       BELTZ, BILLY M JR.         SIRGET ADDRESS       14260 W. NEWBERRY RD. BOX 346   |                      | 5.00 May Be<br>ded to Fees           | U00000111455<br>04/13/04-80017-023 150.00 |  |
| CITY-ST-ZP NEWBERRY, FL 32669<br>TIRLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP<br>TIRLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP  |                      | DO NOT WRITE                         |   |  |
| TITLE NAME STREET ADDRESS CITY - S7- ZIP TITLE NAME  | _                    | IN T                                 | THIS SPACE                                |  |
| STREET ADDRESS<br>CITY - ST- ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST-ZIP   | _                    |                                      |   |  |
| <ul> <li>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Forida 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 oats; 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.</li> <li>SIGNATURE:</li> </ul> |                      |                                      |   |  |