


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90033 001 \*\*\*150.00

<b>DOCUMENT # P98000043357</b>	
1. Entity Name <b>SECK CONSTRUCTION, INC.</b>	

Principal Place of Business <b>14 SLIGO MILL CT PALM COAST FL 32164</b>	Mailing Address <b>14 SLIGO MILL CT PALM COAST FL 32164</b>
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2. Principal Place of Business <b>12 Sligo mill ct</b> Suite, Apt. #, etc.	3. Mailing Address <b>12 Sligo mill ct</b> Suite, Apt. #, etc.
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City & State <b>Palm Coast, FL</b>	City & State <b>Palm Coast, FL</b>
Zip <b>32164</b>	Zip <b>32164</b>
Country <b>USA</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>SECK, LYNN 14 SLIGO MILL CT PALM COAST FL 32164</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>12 Sligo mill ct</b> City <b>Palm coast</b> <b>FL</b> Zip Code <b>32164</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SECK, MICHAEL 14 SLIGO MILL CT PALM COAST FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12 Sligo mill ct Palm Coast, FL 32164</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SECK, LYNN 14 SLIGO MILL CT PALM COAST FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12 Sligo mill ct Palm Coast, FL 32164</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SECK, RUSSELL 519 ORANGE AVE PORT ORANGE FL 32127 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:** *Lynn A. Seck* **1-30-04** **386-437-5028**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #