J Simmons (407)856-4985 04/13/0

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Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90322 027 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000045681

1. Entity Name
CONSTANTINE, INC.

24046024

04132004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~544 ST. RD., 599~~ ~~AUBURNDALE, FL 33823~~ 1242 INDIAN BLUFF DR, APOPKA, FL, 32703	~~544 ST. RD., 599~~ ~~AUBURNDALE, FL 33823~~ 1242 INDIAN BLUFF DR, APOPKA, FL, 32703
2. Principal Place of Business: 1242 INDIAN BLUFF DR.	3. Mailing Address: 1242 INDIAN BLUFF DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FL,	City & State: APOPKA, FL,
Zip: 32703 Country: ORANGE	Zip: 32703 Country: ORANGE

4. FEI Number 59-3515550 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTER, JOHN H
~~544 ST. RD., 599~~
~~AUBURNDALE, FL 33823~~
1242 INDIAN BLUFF DR.
APOPKA, FL, 32703

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 John H Porter 4-13-04

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PORTER, CHARLOTTE 544 ST. RD., 599 AUBURNDALE, FL 33823	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PORTER, CHARLOTTE 1242 INDIAN BLUFF DR, APOPKA, FL, 32703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS PORTER, JOHN H 544 ST. RD., 599 AUBURNDALE, FL 33823	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS PORTER, JOHN H 1242 INDIAN BLUFF DR, APOPKA, FL, 32703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: John H Porter V Pres. 4-13-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #