## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000058683

I. Entity Name

ANN-RON CONSTRUCTION, INC.



Principal Place of Business

11898 MURRAY AVENUE NORTH LARGO, FL 33778 Mailing Address

11898 MURRAY AVENUE NORTH LARGO, FL 33778 FILED
Jan 30, 2004 08:00 AM
Secretary of State



01212004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3519693 Applied Fo

5. Certificate of Status Desired

\$8.75 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K 2310 WEST BAY DRIVE LARGO, FL 33770

## DO NOT WRITE 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 account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
	tions of registered agent.				- 1	
SIGNATURE_			<u> </u>	<del></del>		
	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered Ap	ent signature	required when reinstalling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILGORE, JOANN 11898 MURRAY AVENUE NORTH LARGO, FL 33778			949000023123 92702704-80014-001 158.75 - DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLAUGHTER, CHARLES R 11898 MURRAY AVENUE NORTH LARGO, FL 33778					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADORESS CRY-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 modicated 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 directly 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 changed, or on an attachment with an address, with all other like empowered.