2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000100684

1. Entity Name

MEI CONSTRUCTION GROUP, INC.

FILED Mar 26, 2004 08:00 AM Secretary of State

Principal Place of Business

5305 S. MACDILL AVENUE TAMPA, FL 33611-4044 Mailing Address

5305 S. MACDILL AVENUE TAMPA, FL 33611-4044

A STATE OF THE STA



03162004

No Chg-P

CR2E034 (10/03)

Daytime Phone #

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. FEI Number	Applied For
59-3549969	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGILL, BRUCE A 112 BALTIC CIRCLE TAMPA, FL 33606

SIGNATURE:

DO NOT WRITE IN THIS SPACE

				* - 4 4 - 4 -		* *	
	named entity submits this statement for the plions of registered agent.	urpose of changing its registers	ed office or	registered agent, or bo	th, in the State of Florida.	l am familiar with, a	and accept
SIGNATURE_							
Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstailing) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U0000009 03/26/04-80		0.00
10.	OFFICERS AND DIREC	CTORS					
title Name Street Address City-St-Zip	D MCGILL, BRUCE A 112 BALTIC CIRCLE TAMPA, FL 336063322			e de la companya de l	Service and the service of the servi	and the second	AL COMPANY A SECTION OF A SECTION OF
TITLE NAME STREET ADDRESS CITY-ST-ZIP				And the second second	A STATE OF THE STA	12 × 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			***************************************	I. IN	THIS SPA	CE	***
TITLE NAME STREET ADDRESS CRY-ST-ZIP			** ;; ** **	The second secon		general section of the section of th	in the second of
TITLE NAME STREET ADDRESS CITY-ST-ZIP					A TO A STATE OF THE STATE OF TH		F
 I hereby of indicated of the corchanged, 	certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an appress, with all	ing does not qualify for the exe and accurate and that my signat if to execute this report as requil other like empowered.	nption state ure shall ha ed by Chap	ed in Section 119.07(3) we the same legal effective oter 607, Florida Statute	(i), Florida Statutes. I furth of as if made under oath; t es; and that my pame app	er certify that the in hat I am an officer o ears in Block 10 or	formation or director Block 11 if