

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000101597
 1. Entity Name
 FOUR-A CONSTRUCTION, INC.



Principal Place of Business Mailing Address
 9001 NOROAD 9001 NOROAD
 JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
 59-3558923 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RODGERS, JOHN
 9001 NOROAD
 JACKSONVILLE, FL 32210

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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 P. Rodgers DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contributions. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODGERS, JOHN
STREET ADDRESS	9001 NOROAD
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/12/04-80041-005 150.00

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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 officers empowered

SIGNATURE: John P. Rodgers Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR