


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000002656
 1. Entity Name
BAIR CONSTRUCTION, INC.



Principal Place of Business Mailing Address
23453 ABADEEN AVE **23453 ABADEEN AVE**
PORT CHARLOTTE, FL 33952 **PORT CHARLOTTE, FL 33952**

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0893556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BAIR, KIMBERLY M
23453 ABERDEEN AVE
PORT CHARLOTTE, FL 33952

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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 _____
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 **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VS	BAIR, ROBERT ALLAN 23453 ABADEEN AVE PORT CHARLOTTE, FL 33952
TITLE PD	BAIR, KIMBERLY M 23453 ABERDEEN AVE PORT CHARLOTTE, FL 33952
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

000000143447
 04-30-04-80052-002 150.00

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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 like empowered.

SIGNATURE: *Robert A. Bair* Robert A. Bair 4-20-04 941 766 7064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #