


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90637 041 \*\*\*150.00

<b>DOCUMENT # P99000009520</b> 1. Entity Name <b>MONROE BACKHOE CORPORATION</b>			
Principal Place of Business 9506 SO. RED ROAD MIAMI, FL 33156		Mailing Address 9506 SO. RED ROAD MIAMI, FL 33156	
2. Principal Place of Business <b>116 Captains Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>116 Captains Court</b> Suite, Apt. #, etc.	
City & State <b>Tavernier, Florida</b> Zip Country <b>33070 USA</b>		City & State <b>Tavernier, Florida</b> Zip Country <b>33070 USA</b>	
4. FEI Number <b>65-0908649</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>OESTERLE, DOUGLAS W</b> <b>9506 SO. RED ROAD</b> <b>MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name <b>Robert Joseph Wike</b> Street Address (P.O. Box Number is Not Acceptable) <b>116 Captains Court</b> City <b>Tavernier, FL</b> Zip Code <b>33070</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 - After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WIKE, ROBERT J</b> <b>116 CAPTAIN'S COURT</b> <b>TAVERNIER, FL 33037</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Robert J. Wike</b> <b>Robert Joseph Wike</b> <b>4-7-04 PM 305 853-0601</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			