


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90322 004 ***150.00

DOCUMENT # P99000011698	
1. Entity Name TOTAL CONSTRUCTION MANAGEMENT, INCORPORATED	

Principal Place of Business 5754 SR 542 WEST STE 1 WINTER HAVEN, FL 33880 US	Mailing Address 5754 SR 542 WEST STE 1 WINTER HAVEN, FL 33880 US
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54031097

2. Principal Place of Business 515 5th Street SW	3. Mailing Address 515 5th Street SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Haven FL	City & State Winter Haven FL
Zip 33880	Zip 33880
Country USA	Country USA



01122004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3560350	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAXTER, H R 119 RECKER HWY AUBURNDALE, FL 33823	
7. Name and Address of New Registered Agent Name 515 5th Street SW Street Address (P.O. Box Number is Not Acceptable) Winter Haven FL 33880 City Winter Haven FL Zip Code 33880	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAXTER, H R 119 RECKER HWY AUBURNDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Baxter, Harold R 515 5th Street SW Winter Haven, FL 33880 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOX, TIM 119 RECKER HWY AUBURNDALE, FL 33823 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Hatmaker, Gary 515 5th Street SW Winter Haven FL 33880 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HATMAKER, GARY 119 RECKER HWY AUBURNDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Littles, Michael 515 5th Street SW Winter Haven FL 33880 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANCOCK, TRINA BAXTER 5754 SR 542 WEST STE 1 WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hancock, Trina Baxter 515 5th Street SW Winter Haven, FL 33880 <input checked="" 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
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

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 Trina Baxter Hancock Secretary 4804 8632999004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Trina Baxter Hancock