2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000032726

1. Entity Name
NEWCO CONSTRUCTION OF CENTRAL FLORIDA, INC.

FILED
04 JUN 30 A 13:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
PO BOX 1018 ZELLWOOD, FL 32798-1018	C/O MARIO A GARCIA 315 E ROBINSON ST #160 ORLANDO, FL 32801

06282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	PO Box 1018
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Zellwood, FL 32798
Zip / Country	Zip / Country

4. FEI Number: 59-3569925 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, MARIO A ONE SOUTH ORANGE AVE STE 401 ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPVS BROWN, WILLIAM P PO BOX 1018 ZELLWOOD, FL 327981018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS ☒ Change ☐ Addition 400039321064 07/20/04--01010--020 **550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROWN, WILLIAM P PO BOX 1018 ZELLWOOD, FL 327981018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BROWN, PATRICK, W. (VD) 1050 NORTHFIELD CT. SUTIE 240, ROSWELL, GA 30076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DANIELS, CHUCK P. (VD) 1050 NORTHFIELD CT. SUITE 240, ROSWELL, GA 30076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ WILLIAM P. BROWN 6/28/2004 352-735-3807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #