


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90054 027 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P99000033063</b>                               |  |
| 1. Entity Name<br><b>NELIGAN CONSTRUCTION SERVICES, INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>2050 MERCED CT.<br/>JACKSONVILLE, FL 32224</b> | Mailing Address<br><b>2050 MERCED CT.<br/>JACKSONVILLE, FL 32224</b> |
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|   |   |
|---|---|
| 2. Principal Place of Business<br><b>1089 Atlantic Blvd</b> | 3. Mailing Address<br><b>1089 Atlantic Blvd</b> |
| Suite, Apt. #, etc.<br><b>Suite # 8</b>                     | Suite, Apt. #, etc.<br><b>Suite # 8</b>         |
| City & State<br><b>Atlantic Beach, FL</b>                   | City & State<br><b>Atlantic Beach, FL</b>       |
| Zip<br><b>32233</b>   | Country<br><b>USA</b>                           |



01222004 Chg-P CR2E034 (10/03)

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|--|--|--|
| 4. FEI Number<br><b>59-3569690</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |  |  |
| 6. Name and Address of Current Registered Agent<br><b>NELIGAN, BRIAN<br/>2050 MERCED CT<br/>JACKSONVILLE, FL 32224</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>Neligan, Brian</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>552 Seagate</b><br>City <b>Atlantic Beach FL</b> Zip Code <b>32233</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 **1/28/04**

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|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|--|---|---|
| TITLE<br><b>P</b>                                     | <input type="checkbox"/> Delete            | TITLE<br><b>NELIGAN, BRIAN</b>                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>NELIGAN, BRIAN</b>                         |  | NAME<br><b>2050 MERCED CT</b>                         |   |
| STREET ADDRESS<br><b>JACKSONVILLE, FL 32224</b>       |  | STREET ADDRESS<br><b>JACKSONVILLE, FL 32224</b>       |   |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |   |
| TITLE<br><b>V</b>                                     | <input checked="" type="checkbox"/> Delete | TITLE<br><b>SHERRER, ADAM</b>                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>SHERRER, ADAM</b>                          |  | NAME<br><b>412 7TH ST. NORTH</b>                      |   |
| STREET ADDRESS<br><b>JACKSONVILLE BEACH, FL 32250</b> |  | STREET ADDRESS<br><b>JACKSONVILLE BEACH, FL 32250</b> |   |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |   |
| TITLE<br><b>V</b>                                     | <input type="checkbox"/> Delete            | TITLE<br><b>WILSON, COLIN</b>                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>WILSON, COLIN</b>                          |  | NAME<br><b>327 4TH AVENUE SOUTH</b>                   |   |
| STREET ADDRESS<br><b>JACKSONVILLE BEACH, FL 32250</b> |  | STREET ADDRESS<br><b>JACKSONVILLE BEACH, FL 32250</b> |   |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | NAME  |   |
| STREET ADDRESS  |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | NAME  |   |
| STREET ADDRESS  |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |   |

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:  DATE **1/28/04** DAYTIME PHONE # **(904) 568-8700**