2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000036855

1. Entity Name
JOHN CORDWELL BUILDERS, INC.

Principal Place of Business

4926 N COTTONWOOD POINT HERNANDO, FL 34442 Mailing Address

4926 N COTTONWOOD POINT HERNANDO, FL 34442

FILED Apr 06, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3574752

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORDWELL, JOHN 4926 N COTTONWOOD POINT HERNANDO, FL 34442

DO NOT WRITE IN THIS SPACE

 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 eignature required when rematating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	U00000104382 04/05/04-80008-014	- 150.00
10.	OFFICERS AND DIREC	TORS			<u> </u>	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P CORDWELL, JOHN 4926 N. COTTONWOOD PT. HERNANDO, FL 344422703					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CORDWELL, SHARON E 4926 N COTTONWOOD PT HERNANDO, FL 344422703					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· ——-	
12. I hereby certify that the information supplied with this filling so so not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this cond or supplemental conditions and society and that my signature shall have the same legal effect as it made under cath, that I am an officer or director.						

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 cath; that I am an officer or director of the corporation or the preceiver of trustee empowered to evaluable 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:

April 3, 2004 352-726-27k

OFFICER OR DIRECTOR