

2004 FOR PROFIT CORPORATION ANNUAL REPORT


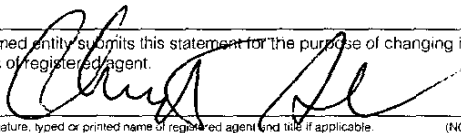
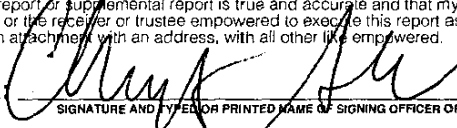
FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90498 001 *****8.75
05-03-2004 90498 002 ***150.00

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04292004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000103403					
1. Entity Name CONSOLIDATED STRUCTURES INC.					
Principal Place of Business 8903 LEDGESTONE LANE PORT RICHEY, FL 34668			Mailing Address 8903 LEDGESTONE LANE PORT RICHEY, FL 34668		
2. Principal Place of Business 8317 nightowl court Suite, Apt. #, etc.		3. Mailing Address 8317 nightowl court Suite, Apt. #, etc.			
City & State new port Richey, fl.		City & State new port Richey, fl.		4. FEI Number 59-3611236	
Zip 34655		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GOODROW, CHRISTA 8903 LEDGESTONE LANE PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent Name Chrysta Goodrow Street Address (P.O. Box Number is Not Acceptable) 8317 nightowl ct. City new port Richey FL Zip Code 34655		
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: 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODROW, BLAIR 8903 LEDGESTONE LANE PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8317 nightowl ct. fl. new port Richey 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODROW, CHRISTA 8906 LEDGESTONE LANE PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8317 nightowl ct. new port Richey, fl. 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOODROW, BLAIR 8903 LEDGESTONE LANE PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8317 nightowl ct. new port Richey, fl. 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S barry chambers 8317 nightowl court new port Richey fl 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S barry chambers 8317 nightowl ct. fl new port Richey fl 34655	<input type="checkbox"/> Change <input checked="" 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: 			Date: 4/29/04 Daytime Phone #: 727-534-7913		