2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # S49350

1. Entity Name
RAWSON CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
11035 OLD DIXIE HIGHWAY ST. AUGUSTINE, FL 32095	11035 OLD DIXIE HIGHWAY ST. AUGUSTINE, FL 32095

DO NOT WRITE IN THIS SPACE

03052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3062541
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAWSON, BELINDA
11035 OLD DIXIE HIGHWAY
ST. AUGUSTINE, FL 32095

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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 $150.00
After May 1, 2004 Fee will be $550.00

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

U00000089845
03/16/04-80005-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	RAWSON, MICHAEL
STREET ADDRESS	11035 OLD DIXIE HWY.
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	VD
NAME	RAWSON, VERLIN
STREET ADDRESS	11035 OLD DIXIE HWY.
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	SD
NAME	RAWSON, BELINDA
STREET ADDRESS	11035 OLD DIXIE HWY.
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Belinda Rawson 3-13-04 904-824-6755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #