2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S75928

Entity Name: BEDROCK BUILDERS, INC.

FILED Feb 14, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Business

424 E ACRE DR

PLANTATION, FL 33317 US

Current Mailing Address: New Mailing Address:

424 E ACRE DR

PLANTATION, FL 33317 US

FEI Number: 65-0297899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUPONT, GREGORY
424 E ACRE DR
424 E ACRE DR

PLANTATION, FL 33317 US PLANTATION, FL 33317 US

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.

SIGNATURE: STEVEN DUPONT 02/14/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: SD (X) Change () Addition

 Name:
 DUPONT, JAMES
 Name:
 DUPONT, JAMES

 Address:
 560 NW 49TH AVE
 Address:
 560 NW 49TH AVE

 City-St-Zip:
 PLANTATION, FL 33317
 City-St-Zip:
 PLANTATION, FL 33317

Title: PSD () Delete Title: PD (X) Change () Addition
Name: DUPONT GREGORY Name: DUPONT STEVEN

 Name:
 DUPONT, GREGORY
 Name:
 DUPONT, STEVEN

 Address:
 4415 N FLAGLER DRIVE
 Address:
 424 EAST ACRE DR

 City-St-Zip:
 PLANTATION, FL 33407
 City-St-Zip:
 PLANTATION, FL 33317

Title: VP (X) Delete Title: () Change () Addition

 Name:
 DUPONT, STEVE
 Name:

 Address:
 424 E ACRE DR
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33317
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 DUPONT, DORÍS
 Name:

 Address:
 424 E ACRE DRIVE
 Address:

 City-St-Zip:
 PLANTATION, FL 33317
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN DUPONT PD 02/14/2004