


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # V53248 1. Entity Name RESCHKE CONSTRUCTION, INC.	
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Principal Place of Business 2474 THORNTON RD. STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890 US	Mailing Address 2474 THORNTON RD. STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890 US
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0354298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RESCHKE, WILLIAM F. 2474 THORNTON RD. STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP RESCHKE, WILLIAM F. 2474 THORNTON RD. ZOLFO SPRINGS, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	DV RESCHKE, JOHN E. 1180 NW KNOLLWOOD CIRCLE WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
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01/23/04-80014-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: William F. Reschke WILLIAM F. RESCHKE 1-16-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #