
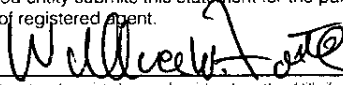
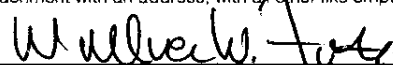


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90038 037 ***150.00

DOCUMENT # V58866 1. Entity Name FORTE CONSTRUCTION SERVICES, INC.					
Principal Place of Business 1646 EMERSON ST JACKSONVILLE FL 32207			Mailing Address 1646 EMERSON ST JACKSONVILLE FL 32207 US		
2. Principal Place of Business 3564 St. Augustine Rd Suite, Apt. #, etc.		3. Mailing Address 3564 St. Augustine Rd Suite, Apt. #, etc.			
City & State Jacksonville FL 32207		City & State Jacksonville FL 32207		4. FEI Number 59-3140126 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32207	Country USA	Zip 32207	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORTE, SHELDON BONEY 2188 FOXWOOD COURT ORANGE PARK FL 32073				7. Name and Address of New Registered Agent Name Wallace W. Forte Street Address (P.O. Box Number is Not Acceptable) 3564 St. Augustine Rd City Jacksonville FL Zip Code 32207	
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  Wallace W. Forte, President 04/19/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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	D <input type="checkbox"/> Delete FORTE, WALLACE W. 1646 EMERSON ST JACKSONVILLE FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3564 St. Augustine Rd. Jacksonville, FL 32207	
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	
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	
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 another like empowered.					
SIGNATURE:  Wallace W. Forte, President 04/19/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					