

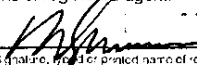



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90497 041 ***150.00

DOCUMENT # V61989 1. Entity Name SKORMAN CONSTRUCTION, INC.					
Principal Place of Business 2813 S. HIAWASSEE RD SUITE 101 ORLANDO, FL 32835 US			Mailing Address 2813 S. HIAWASSEE RD SUITE 101 ORLANDO, FL 32835 US		
2. Principal Place of Business 6000 Metrowest Blvd Suite, Apt. #, etc. 111		3. Mailing Address 6000 Metrowest Blvd. Suite, Apt. #, etc. 111			
City & State Orlando Florida		City & State Orlando FL		4. FEI Number 65-0354388	
Zip 32835		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKORMAN, MARC 2813 S. HIAWASSEE RD. SUITE 101 ORLANDO, FL 32835				7. Name and Address of New Registered Agent Name MARC SKORMAN, PRESIDENT Street Address (P.O. Box Number is Not Acceptable) 6000 METROWEST BLVD SUITE 111 City ORLANDO FL FL Zip Code 32835	
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:  PRESIDENT MARC SKORMAN PRESIDENT 4/14/04 <small>(Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE)</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 SKORMAN, MARC 9720 LAKE ISLEWORTH CT WINDERMERE, FL 34786 <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	VS SKORMAN, KEVIN 9720 LAKE ISLEWORTH CT WINDERMERE, FL 34786 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  PRESIDENT MARC SKORMAN PRESIDENT 4/14/04 4072532001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					