


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 526284 1. Entity Name OAKHURST CONSTRUCTION CO., INC.	
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01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1730456	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DARCANGELO, ALFRED J.
7497 135TH ST. NORTH
SEMINOLE, FL 34646

**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	VD DARCANGELO, DENNIS J 7497 135TH ST N SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DARCANGELO, MARINA A 7497 135TH ST N SEMINOLE, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DARCANGELO, GLENN J 7596 135TH ST N SEMINOLE, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DARCANGELO, SUSAN M 7596 135TH ST N SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000025046
02/02/04-80090-006 158.75

**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:

Susan Darcangelo *Susan Darcangelo* 1/14/04 727-393-1130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #