
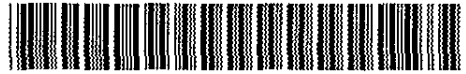


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

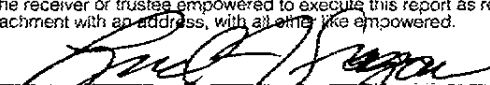
FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L66910			
1. Entity Name FAGAN CONSTRUCTION, INC.			
Principal Place of Business 934 W MAXILIAN PL DUNNELLO FL 34434 US		Mailing Address 934 W MAXILIAN PL DUNNELLO FL 34434 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FAGAN, KERRY B 934 W MAXIMILIAN PL DUNNELLO FL 34434		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 65-0196879 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</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 (N.Y.)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FAGAN, KERRY B. 10435 N BIG BASSTRAIL DUNNELLO FL 34434	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000049844 02/13/04-80034-020 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FAGAN, KEVIN S. 11411 CAMP DR DUNNELLO FL 34432	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FAGAN, LINDA J 10765 N. WISE OWL PT. DUNNELLO FL 34434	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <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



MOORE CR2E034 (11/03)

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:  **2-11-04 (352) 489-7670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #