


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90046 004 ***150.00

DOCUMENT # P02000078726

1. Entity Name
SABAL PALM CONSTRUCTION, INC.



Principal Place of Business Mailing Address
1489 NE 23RD TERRACE 830 NE Pop Tilton Place **1489 NE 23RD TERRACE 830 NE Pop Tilton Place**
JENSEN BEACH FL 34957 **JENSEN BEACH FL 34957**

J4U1J3J1



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
830 NE Pop Tilton Place **830 NE Pop Tilton Place**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

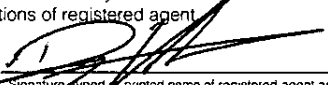
City & State City & State
Jensen Beach, FL **Jensen Beach, FL**
 Zip Country Zip Country
34957 USA **34957 USA**

4. FEI Number **54-2064961** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VOSTERS, DOUGLAS B
1489 NE 23RD TERRACE 830 NE Pop Tilton Place
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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  **Douglas B. Vosters** **3-16-04**
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCDANIEL, OTIS	
STREET ADDRESS	3130 NE HICKORY RIDGE DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VP/S	<input type="checkbox"/> Delete
NAME	VOSTERS, DOUGLAS B	
STREET ADDRESS	1489 NE 23RD TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOGSDON, SCOTT W	
STREET ADDRESS	1805 NW FORK RD.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	Vice Pres. / Secretary	<input type="checkbox"/> Delete
NAME	Bryan Polhemus	
STREET ADDRESS	1384 NW Coconut Pt. Rd.	
CITY-ST-ZIP	STUART, FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President / Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bryan Polhemus	
STREET ADDRESS	1384 NW Coconut Pt. Rd.	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Douglas B. Vosters**
Signature and typed or printed name of signing officer or director

Date **3-16-04** Daytime Phone # **772-232-2088**