

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90159 001 ***300.00

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01252005 Chg-P CR2E034 (10/03)

DOCUMENT # V65177					
1. Entity Name RICHARD T. SVOVA, JR. GENERAL CONTRACTOR, INC.					
Principal Place of Business 800 NW 57 PL FORT LAUDERDALE, FL 33309			Mailing Address 800 NW 57 PL FORT LAUDERDALE, FL 33309		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0361369				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SVOPA, RICHARD T., JR. 21250 SEETWATER LN, N BOCA RATON, FL 33428			Name Street Address (P.O. Box Number is Not Acceptable) <i>21250 SWEETWATER LN, N</i> 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 _____ (NOTE: Registered Agent signature required when remaining)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		S5.00 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 SVOPA, RICHARD T., JR. 21250 SWEETWATER LN N BOCA RATON, FL 33428	<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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Richard T. Svova, Jr.</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>1/25/05</i> 954-491-2055	
		RICHARD T. SVOVA, JR.		Duly Filed #	