

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 454484

1. Entity Name
CORTEZ, INC.



Principal Place of Business Mailing Address
700 ROPER PARKWAY 700 ROPER PARKWAY
P.O. BOX 25 P.O. BOX 25
OC0EE FL 34761 OC0EE FL 34761

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-1539536 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORTEZ, EDWIN L.
1461 KELSO BLVD
WINDEMERE FL 34786

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 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, 2005 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 type="checkbox"/> Delete
NAME	CORTEZ, EDWIN L.	
STREET ADDRESS	1461 KELSO BLVD	
CITY-ST-ZIP	WINDEMERE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROBERTSON, PATRICIA	
STREET ADDRESS	220 LAKESHORE DR	
CITY-ST-ZIP	OC0EE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORTEZ, EDWIN L	
STREET ADDRESS	1461 KELSO BLVD	
CITY-ST-ZIP	WINDEMERE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CORTEZ, DONNA	
STREET ADDRESS	1461 KELSO BLVD	
CITY-ST-ZIP	WINDEMERE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERTSON, PAUL N	
STREET ADDRESS	220 LAKESHORE DR	
CITY-ST-ZIP	OC0EE FL	
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	U00000228840	
STREET ADDRESS	02/14/05-80057-001 150.00	
CITY-ST-ZIP		
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		
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 407-630-4397
Date Daytime Phone #