

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 573530 1. Entity Name SEMINOLE SHOTCRETE, INC.	
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Principal Place of Business 1700 TIMOCUAN WAY LONGWOOD, FL 32750-3729 US	Mailing Address 1700 TIMOCUAN WAY LONGWOOD, FL 32750-3729 US
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1827285	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DASILVA, FAUSTO G
1700 TIMOCUAN WAY
LONGWOOD, FL 32750

**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 _____ (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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DASILVA, JOAQUIM 1700 TIMOCUAN WAY LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRUNO, JOSE M 1700 TIMOCUAN WAY LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DASILVA, FAUSTO G 1700 TIMOCUAN WAY LONGWOOD, FL 32750
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03/15/04-80039-022 150.00

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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: Fausto Dasilva 3904 407-834-8091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #