

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # G20716

1. Entity Name
TRUJILLO CONSTRUCTION, INC.



Principal Place of Business
**248 SPIRIT LK. ROAD WEST
WINTER HAVEN, FL 33880**

Mailing Address
**248 SPIRIT LK. ROAD WEST
WINTER HAVEN, FL 33880**



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2248835

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TRUJILLO, GEORGE
248 SPIRIT LAKE ROAD WEST
WINTER HAVEN, FL 33880**

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TRUJILLO, GEORGE L
STREET ADDRESS	248 SPIRIT LAKE ROAD WEST
CITY - ST - ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	GRANDY, TODD R.
STREET ADDRESS	428 21ST STREET SW
CITY - ST - ZIP	WINTER HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000220215
02/08/05-80060-016 158.75

**DO NOT WRITE
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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Trujillo

2/4/05

Date

863 283-8773

Daytime Phone #