

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06935

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** MORALES CONSTRUCTION CO., INC.

**Current Principal Place of Business:**

6950 PHILIPS HWY  
SUITE 15  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6950 PHILIPS HWY  
SUITE 15  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-2418328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAX CO.  
50 N LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: MORALES, R., JR.  
Address: 6950 PHILIPS HWY STE 15  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPD  
Name: KING, THOMAS F III  
Address: 6950 PHILIPS HWY STE 15  
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD  
Name: MORALES, RICARDO III  
Address: 6950 PHILIPS HWY STE 15  
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD  
Name: HOWARD, MARCIA M.  
Address: 6950 PHILIPS HWY STE 15  
City-St-Zip: JACKSONVILLE, FL 32216

Title: AS  
Name: MANTON, JANE D  
Address: 6950 PHILIPS HWY STE 15  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICARDO MORALES, III

PRES

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date