

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90088 046 ***150.00

DOCUMENT # H40705

1. Entity Name
VOLUSIA REPAIRS AND CONSTRUCTION, INC.



Principal Place of Business

545 VIRGINIA AE.
PORT ORANGE, FL 32127

Mailing Address

545 VIRGINIA AE.
PORT ORANGE, FL 32127

DO NOT WRITE IN THIS SPACE



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2544029

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALASTRA, ANTHONY J.
545 VIRGINIA AVE.
PORT ORANGE, FL 32127

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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 Anthony J. Alastra Pres. 5-2-05
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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALASTRA, ANTHONY J.
STREET ADDRESS 545 VIRGINIA AE.
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE V
NAME GROUETTE, DONALD
STREET ADDRESS 545 VIRGINIA AE.
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE V
NAME SAMPLES, MARK
STREET ADDRESS 545 VIRGINIA AE.
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE T
NAME ALASTRA, PETER
STREET ADDRESS 545 VIRGINIA AE.
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE S
NAME JONES, MATT
STREET ADDRESS 545 VIRGINIA AE.
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Anthony J. Alastra Pres. 5-2-05 386-788-9185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #