

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L05979

1. Entity Name
FORNS DESIGN & CONSTRUCTION, INC.



Principal Place of Business
**5504 EXECUTIVE DRIVE
TAMPA, FL 33609 US**

Mailing Address
**5504 EXECUTIVE DRIVE
TAMPA, FL 33609 US**



02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2965460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FORNS, JOSE JR
5504 EXECUTIVE DRIVE
TAMPA, FL 33609**

**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 re-registering)

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

000000120600
04/20/04-80017-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FORNS, JOSE JR
STREET ADDRESS	5504 EXECUTIVE DRIVE
CITY-ST-ZIP	TAMPA, FL 33609

TITLE	VPST
NAME	FORNS, SUSAN
STREET ADDRESS	5504 EXECUTIVE DRIVE
CITY-ST-ZIP	TAMPA, FL 33609

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 with all other like empowered.

SIGNATURE: *Jose Fornas, Jr.* **Jose Fornas, Jr.** **4/15/2004** **813-286-1095**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #