

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90049 005 ***150.00

DOCUMENT # P00000049572

1. Entity Name
H & J GENERAL CONSTRUCTION, INC



Principal Place of Business
**2961 ESTILL ST.
DELTONA, FL 32738**

Mailing Address
**2961 ESTILL ST.
DELTONA, FL 32738**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3645510	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

**LEMUS, JULIO CESAR
2961 ESTILL ST.
DELTONA, FL 32738**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEMUS, JULIO CESAR
STREET ADDRESS	2961 ESTILL ST.
CITY-ST-ZIP	DELTONA, FL 32738

TITLE	D
NAME	RODRIGUEZ, HAZLE
STREET ADDRESS	2007 SAXON BLVE.
CITY-ST-ZIP	DELTONA, FL 32728

TITLE	SD
NAME	LARA, YUSNIEL
STREET ADDRESS	2961 ESTILL ST.
CITY-ST-ZIP	DELTONA, FL 32738

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-04 **386 804 3798**
Date Daytime Phone #