

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90001 005 ***150.00

DOCUMENT # P00000088554

1. Entity Name
REPASKY CONSTRUCTION INTERNATIONAL, INC.



Principal Place of Business
**2009 W RANDOLPH CIR
TALLAHASSEE, FL 32308**

Mailing Address
**2009 W RANDOLPH CIR
TALLAHASSEE, FL 32308**

54060096



DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 54-0004404 33-0360495	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

**REPASKY, MARK D
2009 W RANDOLPH CIR
TALLAHASSEE, FL 32308**

**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
Due by September 8, 2004**

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	REPASKY, MARK D
STREET ADDRESS	2009 W RANDOLPH CIR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 redever 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

7/2/04

Date

(850) 385-1559

Daytime Phone #