


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90704 011 \*\*\*150.00

<b>DOCUMENT # P01000002501</b> 1. Entity Name <b>VRJ CONTRACTORS, INC.</b>			
Principal Place of Business <b>2090 RIVER PARK BLVD ORLANDO, FL 32817</b>		Mailing Address <b>2090 RIVER PARK BLVD ORLANDO, FL 32817</b>	
2. Principal Place of Business <b>844 Patriots Point Dr.</b>		3. Mailing Address <b>844 Patriots Point Dr.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Ocoee, FL</b>		City & State <b>Ocoee, FL</b>	
Zip <b>34761</b>		Zip <b>34761</b>	
Country 		Country 	
4. FEI Number <b>59-3689623</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GONCALVES, VANDERLEI 2090 RIVER PARK BLVD ORLANDO, FL 32817</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONCALVES, VANDERLEI 2090 RIVER PARK BLVD ORLANDO, FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Goncalves, Vanderlei 844 Patriots Point Dr. Ocoee, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GONCALVES, ROSILENE C 2090 RIVER PARK BLVD ORLANDO, FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Goncalves, Rosilene C 2090 River Park Blvd. Orlando, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.			
<b>SIGNATURE:</b> <u>Wang</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>AP-29-04</u> <small>Date Daytime Phone #</small>	