


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**


07-14-2004 90005 025 \*\*\*158.75

|  |   |
|--|---|
| <b>DOCUMENT # P01000060955</b><br>1. Entity Name<br>P.J.F. CONSTRUCTION OF S.W. FLORIDA INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>4311 SW 19TH PLACE<br>CAPE CORAL, FL 33914 | Mailing Address<br>4311 SW 19TH PLACE<br>CAPE CORAL, FL 33914 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>4311 S.W. 19 PLACE<br>Suite, Apt. #, etc. | 3. Mailing Address<br>SAME<br>Suite, Apt. #, etc. |
|---|---|

|                                |                      |
|--------------------------------|----------------------|
| City & State<br>CAPE CORAL FL. | City & State<br>SAME |
| Zip<br>33914                   | Country              |

|  |                                |
|--|--------------------------------|
|  |                                |
| 07082004 Chg-P   | CR2E034 (10/03)                |
| 4. FEI Number<br>65-1109517  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>               | \$8.75 Additional Fee Required |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br>FRISINA, JACK<br>4311 SW 19TH PLACE<br>CAPE CORAL, FL 33914 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|--|--|--|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FRISINA, JACK<br>4311 SW 19TH PLACE<br>CAPE CORAL, FL 33914 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FRISINA, DARLENE<br>4311 SW 19TH PLACE<br>CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | D<br>JOSEPH FRISINA<br>1310 S.W. 35 TERR.<br>CAPE CORAL FL. 33914 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: Jack Frisina JACK FRISINA 7/8/04 2396710316  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #