

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

5/5/2

05-05-2004 90226 032 ***150.00

DOCUMENT # P01000079315

1. Entity Name
PACHMEND CONSTRUCTION SERVICES, INC.



Principal Place of Business
**2010 CRAFT LANE
SARASOTA, FL 34239-4004**

Mailing Address
**2010 CRAFT LANE
SARASOTA, FL 34239-4004**

66426881



DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
75-2985049

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MENDOZA, JESUS M.
2010 CRAFT LANE
SARASOTA, FL 34239-4004**

**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 *Jesus M. Mendoza*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-31-04

**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 **MENDOZA, JESUS M.** *Jesus M. Mendoza*
STREET ADDRESS **2010 CRAFT LANE** *3434 Roxane Blvd.*
CITY-ST-ZIP **SARASOTA, FL 34239-4004** *Sarasota FL 34239*

TITLE
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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 reports 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: *Jesus M. Mendoza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-04 (941) 320 2293

Date

Daytime Phone #