

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Name
NORTHEAST CONSTRUCTION SPECIALISTS, INC.



Principal Place of Business
230 COLIMA CT #913
PONTE VEDRA BEACH, FL 32082

Mailing Address
P O BOX 581
PONTE VEDRA BEACH, FL 32004-0581

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -1 PM 12: 22

DO NOT WRITE IN THIS SPACE

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4. FEI Number
59-3743378

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 00000000
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6. Name and Address of Current Registered Agent

MARTINEZ, REGINO
230 COLIMA CT #913
PONTE VEDRA BEACH, FL 32082

**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 000000
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MARTINEZ, MAGGIE
230 COLIMA CT #913
PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARTINEZ, REGINO D
230 COLIMA CT #913
PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Regino Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/04

(904) 563-4019

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