## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 16, 2004 08:00 AM **DOCUMENT # P01000102248 Secretary of State** RIKMAR CONSTRUCTION, INC. Principal Place of Business Mailing Address **1606 JEANETTE STREET 1606 JEANETTE STREET** APOPKA, FL 32712 APOPKA, FL 32712 01092004 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3752799 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, RICARDO A DO NOT WRITE 1606 JEANETTE STREET APOPKA, FL 32712 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent agneture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE LOPEZ, RICARDO A NAME STREET ADDRESS 1606 JEANETTE STREET CITY-ST-7/P APOPKA, FL 32712 TITLE U00000006640 MONTOYA, JORGE MARIO NAME 01/16/04-80043-009 158.75 1602 JEANETTE STREET STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 TITLE NAME STREET ADDRESS DO NOT WRITE CTY-57-719 IN THIS SPACE TITLE MARJE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2004

321-303-5148

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**FILED**