2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 2

Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # P01000103694 02-25-2004 90053 005 ***150.00 VASQUEZ-CARSON CONSTRUCTION, INC. Mailing Address Principal Place of Business 4001 SANTA BARBARA BLVD. 4001 SANTA BARBARA BLVD. #265 #265 NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business 3. Mailing Address 1960 Tracle Ctr. Way Suite, Apt. #, etc. 1960 / rade Ctr Was Suite, Apt. #, etc. 02102004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For Valles Neples 59-3752726 Not Applicable Zip 2 4/09 Country \$8.75 Additional 5. Certificate of Status Desired Uja U3A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UASQUEZ VIRGILIO VASQUEZ, VIRGILIO Street Address (P.O. Box Number is Not Acceptable) 4001 SANTA BARBARA BLVD. #265 NAPLES, FL 34104 Trade 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 SIGNATURE_ ime of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees -After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition VASQUEZ, VIRGILIO NAME NAMÉ STREET ADDRESS 4001 SANTA BARBARA BLVD. #265 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34104 TITLE ☐ Delete ☐ Addition CARSON, CHRISTOPHER K NAME NAME 2890 POINCIANA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP ☐.Delete, TITLE Change Addition TITLE VASQUEL, ONIL NAME NAME STREET ADDRESS 4634 SUNSET RD #A STREET ADDRESS CITY-ST-7IP NAPLES, FL 34116 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE VASQUEZ, JENNIFER NAME NAME STREET ADDRESS 4001 SANTA BARBARA BLVD # 255 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34104 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE .. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # P01000103694 1. Entity Name						4401324	160	
VASQUEZ-CARSON CONSTRUCTION, INC.						1401304	. X J	
Principal Place of Business Mailing Address					\dashv	•	•	
4001 SANTA B	3	NTA BARBARA BLVD.						
#265		#265 NAPLES FL 34104						
NAPLES FL 34	NAPLES PL 34104 NAPLES PL 34104							
2. Principal Place	e of Business	3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR2E03	34 (11/03)	
City & State		City & State			4.	59-3752726		plied For t Applicable
Zip	Country 6. Name and Address of Current F			ry	5. Certificate of Status Desired S8.75 Additional Fee Required			
		7. Name and Address of New Registered Agent						
VASQUEZ, VIRGILIO				Name				
4001 9 #265	SANTA BARBARA BLVD.			Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34104								
				City	•	F	L Zip Code	е
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		No. of the last of		·				
Sig	nature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered	Agent signature requi	red when r	reinstating) DATE		
After M	E NOW!!! FEE IS \$150.00 lay 1, 2004 Fee will be \$550.00 ayable to Florida Department of	State				Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	0 May Be I to Fees
10.	OFFICERS AND	No. of the Control of	11.		ΑE	L DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11
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i i			NAME					
	634 SUNSET RD #A			ET ADDRESS -ST-ZIP				
	APLES FL 34116						Chonno.	Addition
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indicated or of the corpo	n this report or supplemental report is	true and accurate and that rowered to execute this report	my signat : as requi	ture shall have th	ne same	n 119.07(3)(i), Florida Statutes. I further is legal effect as if made under oath; that rida Statutes; and that my name appear	t I am an officer	or director
SIGNATU	JRE:SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECT	гоя		Date	Daytime Phone #	