

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90483 044 ***150.00

DOCUMENT # P01000115313 1. Entity Name PEDBAR CONSTRUCTION, INC.			
Principal Place of Business 1222 SE 47TH ST, SUITE 205 CAPE CORAL, FL 33904		Mailing Address 1222 SE 47TH ST, SUITE 205 CAPE CORAL, FL 33904	
2. Principal Place of Business 1222 SE 47th St. Suite, Apt. #, etc. Suite 201 City & State CAPE CORAL, FL. Zip 33904 Country LEE		3. Mailing Address 1222 SE 47th St Suite, Apt. #, etc. Suite 201 City & State CAPE CORAL, FL. Zip 33904 Country LEE	
4. FEI Number 33-1009149		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKERRETT, RICARDO 328 CAPE CORAL PKWY W #2 CAPE CORAL, FL FL339-14		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE 04/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, JOHN W 20701 WILLIAMS DR. NORTH FT. MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEDRAZA, ENRIQUE J 1222 SE 47TH ST., S. 201 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARTURO, OSCAR 6010 DREXEL LANE, APT. 1101 FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAZ, XENIA 6010 DREXEL LANE, APT. 1101 FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 attached list of officers and directors, with all other like empowered.			
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		ENRIQUE PEDRAZA Vice President	
Date _____		04/23/04 (239) 549 6800 <small>Daytime Phone #</small>	