## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 03, 2005 8:00 am Secretary of State DOCUMENT # P01000115313 1. Entity Name 05-03-2005 90147 022 \*\*\*150.00 PEDBAR CONSTRUCTION, INC. Principal Place of Business Mailing Address 1222 SE 47TH ST, SUITE 201 CAPE CORAL FL 33904 1222 SE 47TH ST, SUITE 201 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite 210 1222 58 1222 SE Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) ale Cora City & State 4. FEI Number Applied For 33-1009149 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 20 ee 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SKERRETT, RICARDO 328 CAPE CORAL PKWY W #2 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL FL339-14 City Zip Code 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) FILE NOW!!! PEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Detete TITLE Change ☐ Addition PEREZ. JOHN W NAME NAME 20701 WILLIAMS DR. STREET ADDRESS STREET ADDRESS NORTH FT. MYERS FL 33917 CITY-ST-7/P CITY-ST-7IP VPD TITLE **⊠** Delete Change ☐ Addition NAME PEDRAZA, ENRIQUE J NAME STREET ADDRESS 1222 SE 47TH ST., S: 201 STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-709 CITY-ST-7IP TITLE ☐ Delete TITLE Change 1 Addition NAME ARTURO, OSCAR NAME ARTURO STREET ADDRESS 6010 DREXEL LANE, APT. 1101 STREET ADDRESS 222 S E CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE П Срадое ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 addres Ith all other like empowered

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

AME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Davime Phone #

☐ Addition

**FILED**