2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2005 08:00 AM Secretary of State

ANNOAL REPORT		
DOCUMENT # P01000119566 1. Entity Name ESCOBEDO CONSTRUCTION, INC.	Secretary of Stat	
Principal Place of Business Mailing Address 103 PERRY AVE. ESCOBEDO CONSTRUCTION AUBURNDALE, FL 33823 US 103 PERRY AVE. AUBURNDALE, FL 33823	I INC. US	
DO NOT WRITE IN THIS SPA	04202005 No Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ESCOBEDO, ADRIAN 1049 BILTMORE WINTER HAVEN, FL 33881	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 veget of printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS ITTLE PST NAME ESCOBEDO, ADRIAN STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33881		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	er en	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - SY-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylime Phone #