2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000031125

1. Entity Name

HERNANDEZ POOL PLASTERING, INC.



FILED Apr 08, 2004 8:00 am Secretary of State

04-08-2004 90017 005 ***150.00

Principal Place of Business

5929 W ROBINSON STREET ORLANDO, FL 32835 Mailing Address

5929 W ROBINSON STREET ORLANDO, FL 32835 24037696



04052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 04-3621446 Applied Fo

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HERNANDEZ, MAURO 5929 W ROBINSON STREET ORLANDO, FL 32835

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ORLANDO, FL 32835				IN THIS SPACE			
	named entity submits this statement for the plants of registered agent.	ourpose of changing its re	egistered office or re	egistered agent, or both,	in the State of Florida. I am familiar wi	ith, and a	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: I	Registered Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaig Trust Fund Contrib		\$5.00 May Be Added to Fees			
10. IIIILE NAME STPEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, MAURO 3991 CARRADALE CT. ORLANDO, FL 32809	CTORS	A Jan Sala A	e e e e e e e e e e e e e e e e e e e	ر المستقد المس	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE			ſ		• •		

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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Hommmon

4/4/64

407-370-5109