


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000067933

1. Entity Name
PONCE AND ALONSO CONSTRUCTION, INC.



Principal Place of Business Mailing Address

7766 LATOUR AVE. **7766 LATOUR AVE.**
NORTH PORT, FL 34286 **NORTH PORT, FL 34286**

DO NOT WRITE IN THIS SPACE



07282004 No Chg-P CR2E034 (10/03)

4. FCI Number Applied For
02-0619211 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PONCE, JUAN
7766 LATOUR AVE.
NORTH PORT, FL 34286

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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when rechartering)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALONSO, RAFAEL JR.
STREET ADDRESS	7766 LATOUR AVE.
CITY- ST- ZIP	NORTH PORT, FL 34286
TITLE	D
NAME	PONCE, JUAN
STREET ADDRESS	7766 LATOUR AVE.
CITY- ST- ZIP	NORTH PORT, FL 34286
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

U00000170582
08/23/04-80001-020 8.75

U00000170582
08/23/04-80001-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 address, with all other like empowered.

SIGNATURE: Juan Ponce Date: 8/11/04 Unit - Phone #: 941-429-4052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR