

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90410 048 \*\*\*158.75

**DOCUMENT # P02000086514**

1. Entity Name

VIKTOR SUPRUN CONSTRUCTION, INC.



Principal Place of Business

8363 HERBISON AVE  
NORTH PORT FL 34287

Mailing Address

8363 HERBISON AVE  
NORTH PORT FL 34287

2. Principal Place of Business

7943 HYDE PARK AVE

3. Mailing Address

7943 HYDE PARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

North Port FL

City & State

North Port FL

4. FEI Number

30-0157984

Applied For

Not Applicable

Zip

34287

Country

USA

Zip

34287

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUPRUN, VIKTOR  
8363 HERBISON AVE  
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name

SUPRUN, VIKTOR

Street Address (P.O. Box Number is Not Acceptable)

7943 HYDE PARK AVE

City

North Port

FL

Zip Code

34287

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 Viktor Suprun

3-25-04

Signature, typed or 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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME SUPRUN, VIKTOR ☐ Delete  
STREET ADDRESS 8363 HERBISON AVE  
CITY-ST-ZIP NORTH PORT FL 34287

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME SUPRUN, VIKTOR ☐ Change ☐ Addition  
STREET ADDRESS 7943 HYDE PARK AVE  
CITY-ST-ZIP North Port FL 34287

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE: Viktor Suprun

3-25-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #