

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90293 014 ***158.75

DOCUMENT # P02000091805

1. Entity Name
BLUE SKY JAX CONSTRUCTION, INC.



Principal Place of Business
**2966 ROSSELLE ST.
JACKSONVILLE, FL 32205**

Mailing Address
**2966 ROSSELLE ST.
JACKSONVILLE, FL 32205**

14016101



2. Principal Place of Business
6709 Snow White Dr
Suite, Apt. #, etc.

3. Mailing Address
The same
Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State
JACKSONVILLE

City & State

4. FEI Number
74-3059410

Applied For
Not Applicable

Zip

Country
USA

Zip
32210

Country
DUVAL

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, LIBERTAD
2966 ROSSELLE ST.
JACKSONVILLE, FL 32205**

Name

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

City

FL

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPM
RODRIGUEZ, LIBERTAD
2966 ROSSELLE ST.
JACKSONVILLE, FL 32205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PIZARRO, FABIAN A
2966 ROSSELLE ST.
JACKSONVILLE, FL 32205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/04 (904) 251-5938
Date Daytime Phone #