

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90007 044 ***150.00

DOCUMENT # P02000134681

1. Entity Name
ASENCIO CONSTRUCTION SERVICES, INC.



Principal Place of Business
**P.O. BOX 116384
 JACKSONVILLE, FL 32245**

Mailing Address
**P.O. BOX 116384
 JACKSONVILLE, FL 32245**

2. Principal Place of Business
3159 ASH HARBOR DR. E


3. Mailing Address

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL 32224

City & State

Zip Country Zip Country



02052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**ASENCIO, ALSIDES
 7200 POWERS AVE #193
 JACKSONVILLE, FL 32217-3732**

4. FEI Number
90-0054531

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____ (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 P <input type="checkbox"/> Delete	ASENCIO, AMRTA A S 7200 POWERS AVE #193 JACKSONVILLE, FL 322173732
TITLE D <input type="checkbox"/> Delete	ASENCIO, ALSIDES 7200 POWERS AVE #193 JACKSONVILLE, FL 322173732
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ASENCIO, MARTA 3159 ASH HARBOR DR. E JACKSONVILLE, FL 32224
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ASENCIO ALSIDES 3159 ASH HARBOR DR. E JACKSONVILLE, FL 32224
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Marta Asencio* **2-05-04 (904) 429-2123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #