2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P0300009424 1. Entity Name MATIAS & MARIA ONTIVEROS CONSTRUCTION INC.							05-04-2005	90114 04	2 ***150	00.00	
Principal Place of Business Mailing Address											
724 GROVE AVE CRESCENT CITY, FL 32112			724 GROVE AVE - Crescent City, FL 32112								
CRESCENT CHT, FE 32112 CRESCENT CHT, FE 32112				2112		1 12 2 11 7 2 1 10 2	P(CICIO ITAN AIG	(88) N (88)	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03132005	Chg-P	CR2E03	4 (10/03)		
City & State			City & State			4. FEI Number 42-7573	558			plied For Applicable	
Zip	Zip Country		Zip	Country		5. Certificate of	f Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
HAENFLER, JAMES A						Name					
20 N SUMMIT ST					Street Address (P.O. Box Number is Not Acceptable)						
CRESCENT CITY, FL 32112											
					City FL Zio 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. fraction fraction fraction fr											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature recovered when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10. 3:	 	ECTORS	11.		ADDITIONS/C	HANGES TO OFF					
TITLE S	, P -ONTIVEROS, MAT	IAS	☐ Delete	TITLI NAM					Change	☐ Addition	
STREET ADDRESS	724 GROVE AVE			ET ADORESS							
City-St-DP				City	-SI-ZIP						
TITLE	VST ☐ Delete ONTIVEROS, MARIA			TITLI NAM					Change	Addition	
NAME STREET ADDRESS	724 GROVE AVE				EF ADDRESS					ı	
CITY-ST-7IP	CRESCENT CITY, FL 32112			GMY	-ST-3/P						
10118			☐ Delete	TRU	1				Change	Addition	
NAME STREET ADDRESS				NAM STRE	ET ADDRESS						
CHY-ST-ZIP				E .	-5T-ZIP						
TMLE:			☐ Delete	frrt	I				Change	Addition	
NAME STREET ADDRESS				NAM CTRA	et address						
CITY-ST-ZIP					- S1 - 71P					-	
101.8	***************************************		☐ Defete	tnı	E				☐ Charige	Addition	
NAME	NAM										
STREET ADDRESS GITY ST-ZIP					EET ADIORIESS - ST-ZIP						
DILE			Delete	IIIF					☐ Change	Addition	
NAME				NAM	ì						
STREET ADDRESS					EET ADDRESS						
CITY-\$1-ZIP	partific that the interesting	on attentions with the	e filipa dose not enalis. C		-SI-ZIP	action (19.07(3\6)	Florida Statutae	Liuther certi	fu that the	ilomation	
12. Thereby certify that the information supplied with this filling 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 path; that I am an efficer or director of the corporation or the receiver by rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if											