## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 06, 2004 8:00 am Secretary of State DOCUMENT # P03000019420 1. Entity Name J.W. EVERGLADES CONSTRUCTION, INC. 04-06-2004 90018 018 \*\*\*150.00 Principal Place of Business Mailing Address 3430 16TH AVE, NE 3430 16TH AVE, NE NAPLES, FL 34120 NAPLES, FL 34120 Principal Place of Business 3. Mailing Addres€ AME. Suite, Apt. #, etc. 03182004 Chg-P CR2E034 (10/03) Applied For 4. FELNumber 72 4765 City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent leoa Oscan VILLEDA, OSCAR Street Address (P.O. Box Number is Not Acceptable) 3430 16TH AVE, NE NAPLES, FL 34120 DUEMIL. City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS DPS TITLE ☐ Delete TITLE ☐ Addition VILLEDA OSCAM VILLEDA, OSCAR NAME NAME 4125 14Th. AUE 3430 16TH AVE, NE STREET ADDRESS STREET ADDRESS Maples .F/. 34117 CITY-ST-ZIF NAPLES, FL 34120 CITY-ST-ZIP DS ☐ Delete Change ☐ Addition TITLE TITLE VILLEDA, EVE NAME NAME 4125 /4Th. AUE. 3430 16TH AVE, NE STREET ADDRESS STREET ADDRESS Maples. Fl. 34117. CITY-ST-ZIP NAPLES, FL 34120 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P 12. I hereby 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 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Date

Daytime Phone #