## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Name

JCB HOME & COMMERCIAL IMPROVEMENT



04 OCT 28 PM 12: 39

INCORPORATED SECRETARY OF STATE FALLAHASSEE FLORIDA Principal Place of Business Mailing Address 88 PINE ISLAND CIRCLE 88 PINE ISLAND CIRCLE KISSIMMEE, FL 34743 US KISSIMMEE, FL 34743 US 2. Principal Place of Business 3. Mailing Address 410 Neva Nevada 410 Suite, Apt. #, etc. Suite, Apt. #, etc 07122004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 33 1044369 Orlando DY lando Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Orange Oyana e Fee Required and Address of Current Registered Agent 7. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) 188 PÎNE (SI ND CIRCLE (ISSIM) FL 34743 8. The above named entity sumits 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 registe SIGNATURE\_\_ egistered 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 In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Delete TITLE ORTIZ, LUIS A NAME NAME STREET ADDRESS 88 PINE ISLAND CIRCLE STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34743 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT! F ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FEI # 33-1044369 ☐ Delete Change Addition TITLE TITLE 700042610987 NAME NAME 11/09/04--01088--007 \*\*150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 flustee 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 wat an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

INTERNAME OF SIGNING OFFICER OR DIRECTOR

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OCTOBER 24, 2004 REF. # 331044369

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SECRETARY OF STATE TALLAHASSEE FLORIDA

TO WHOM IT MAY CONCERN:

I'M WRITING THIS LETTER IN REFERENCE TO THE ANNUAL REPORT THAT WAS DUE OCTOBER 1, 2004. I DIDN'T RECEIVE THIS STATEMENT UNTIL OCT.5, 2004, IN WHICH AT THIS TIME IT WOULD HAVE BEEN LATE. I HAVEN'T LIVED AT THE RESIDENCE IT WAS SENT TO FOR 4 MONTHS SO I'M ASKING THAT YOU WAIVE THE LATE CHARGE OF \$400.00.I'M ENCLOSING THE CHECK FOR \$150.00.

THANK YOU,

LUK A. ORTIZ

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