

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90016 019 ***150.00

DOCUMENT # P03000064452



1. Entity Name
S.A.L CONTRACTING, SERVICES, INC.

Principal Place of Business Mailing Address
3691 AUTUMN BREEZE WAY WINTER PARK, FL 32792

2. Principal Place of Business 3. Mailing Address

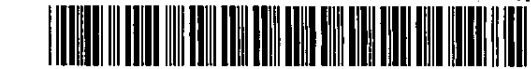
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CENTRAL FLORIDA FINANCIAL SERVICES, LLC
1961 VAN SHEFFIELD DR
ORLANDO, FL 32826



02232004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0034352 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

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 PS
NAME ESPINO, SANTOS J
STREET ADDRESS 3691 AUTUMN BREEZE WAY
CITY-ST-ZIP WINTER PARK, FL 32792 ☐ Delete

TITLE V
NAME HERNANDEZ, ANGEL R
STREET ADDRESS 8617 ACTON
CITY-ST-ZIP ORLANDO, FL 32825 ☐ Delete

TITLE T
NAME PONCE, LEONEL E.
STREET ADDRESS 3586 N. ALAFAYA TRAIL APT 20
CITY-ST-ZIP ORLANDO, FL 32826 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME ESPINO SANTOS J
STREET ADDRESS 6255 CURRY FORD RD # 120
CITY-ST-ZIP ORLANDO FL 32822 ☒ Change ☐ Addition

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

TITLE T
NAME Ponce Leonel E
STREET ADDRESS 6255 Curry Ford Rd # 120
CITY-ST-ZIP ORLANDO FL 32822 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

02/23/04

Date

321 246 4080

Daytime Phone #