

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

03-18-2004 90007 031 ***150.00

DOCUMENT # P03000086054					
1. Entity Name LORA. CONSTRUCTION. INC.					
Principal Place of Business 1806 EAST OKALOOSA AVE. TAMPA FL 33604			Mailing Address 1806 EAST OKALOOSA AVE. TAMPA FL 33604		
2. Principal Place of Business Tampa		3. Mailing Address			
Suite, Apt. #, etc. 1806		Suite, Apt. #, etc.			
City & State Tampa Florida		City & State		4. FEI Number 04-3768082	
Zip 33604		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AYALA, RICARDO J 1806 EAST OKALOOSA AVE. TAMPA FL 33604			7. Name and Address of New Registered Agent Name RICARDO J. AYALA Street Address (P.O. Box Number is Not Acceptable) 5246 TREIG LANE City WESLEY CHAPEL FL Zip Code 33544		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OBANDO, LEO V 1806 EAST OKALOOSA AVE. TAMPA FL 33604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST AYALA, RICARDO J 1806 EAST OKALOOSA AVE. TAMPA FL 33604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: LEO V. OBANDO 3-15-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					