

2004 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

04 OCT 25 PM 12:42


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/2/04 01001 016 550.00



08302004 Chg-P CR2E034 (10/03)

JK

DOCUMENT # P03000103146			
1. Entity Name BEJODE CONSTRUCTION, INC.			
Principal Place of Business 318 1/2 S BUMBY AVE ORLANDO, FL 32803		Mailing Address 318 1/2 S BUMBY AVE ORLANDO, FL 32803	
2. Principal Place of Business 266 Wilshire Blvd Suite, Apt. #, etc. Suite 123 City & State Casselberry FL Zip 32707		3. Mailing Address 266 Wilshire Blvd Suite, Apt. #, etc. Suite 123 City & State Casselberry FL Zip 32707	
4. FEI Number 80-0075712		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, BERNARDINO J 318 1/2 S BUMBY AVE ORLANDO, FL 32803		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 <u>Bernardino J. Delgado</u>		DATE <u>10-18-04</u>	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELGADO, BERNARDINO J 318 1/2 S BUMBY AVE ORLANDO, FL 32803	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Bernardino J. Delgado</u>		DATE <u>10-18-04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	