

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90005 028 ***563.75

DOCUMENT # P03000110991 1. Entity Name GONZALEZ CONSTRUCTION INC					
Principal Place of Business 1701 LEE ROAD APT. 363L WINTER PARK, FL 32789			Mailing Address 1701 LEE ROAD APT. 363L WINTER PARK, FL 32789		
2. Principal Place of Business 437 Magpie CT Suite, Apt. #, etc.		3. Mailing Address 437 Magpie CT. Suite, Apt. #, etc.			
City & State Kissimmee FL.		City & State Kissimmee FL.		4. FEI Number 562400866	
Zip 34759		Country Osceola		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUESTA, GABRIEL A 710 SWALLOW LANE KISSIMMEE, FL 34759				7. Name and Address of New Registered Agent Name Johanny Gonzalez Street Address (P.O. Box Number is Not Acceptable) 437 Magpie CT. City Kissimmee FL Zip Code 34759	
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 Johanny Gonzalez (Signature, typed or printed name of registered agent and title if applicable.) Signature of Registered Agent (NOTE: Registered Agent signature required when registering) Johanny Gonzalez DATE 5-12-04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input checked="" 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	PRES GONZALEZ, RAMON JR. 1701 LEE ROAD WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Ramon Gonzalez Jr. 437 Magpie CT. Kissimmee FL 34759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Ramon Gonzalez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5-12-04 863-427-4193 Date Daytime Phone #		

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