


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90041 048 ***150.00

DOCUMENT # P03000124105 1. Entity Name ARNOLD'S CONSTRUCTION, INC.					
Principal Place of Business P O BOX 2589 WINTER HAVEN, FL 33880			Mailing Address P O BOX 2589 WINTER HAVEN, FL 33880		
2. Principal Place of Business P.O. Box 5507		3. Mailing Address P.O. Box 5507			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ELOISE FL		City & State ELOISE FL		4. FEI Number 30-0213741	
Zip 33880		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOCANEGRA, ARNULFO 2157 GREENWAY DR WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent Name ARNULFO BOCANEGRA Street Address (P.O. Box Number is Not Acceptable) 11412 9th ST City ELOISE FL Zip Code 33880		
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><i>Arnulfo Bocanegra</i></u> DATE <u><i>4/6/2004</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 D NAME BOCANEGRA, ARNULFO STREET ADDRESS P O BOX 2589 CITY-ST-ZIP WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE P, D, T. NAME ARNULFO BOCANEGRA STREET ADDRESS PO BOX 5507 CITY-ST-ZIP ELOISE FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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	
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><i>Arnulfo Bocanegra</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4/6/2004</i></u> <small>Date Daytime Phone #</small>		