

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/27

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90008 015 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                           |                                                                                                                                      |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000127664</b><br>1. Entity Name<br><b>ROBERT E. ESTELL GENERAL CONTRACTOR INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                           |                                                                                                                                      |  |  |
| Principal Place of Business<br><b>22218 LAVER LANE<br/>LAND O LAKES, FL 34639</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                           | Mailing Address<br><b>22218 LAVER LANE<br/>LAND O LAKES, FL 34639</b>                                                                |                                                                                   |  |
| 2. Principal Place of Business<br><i>SAME</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc. |                                                                                                                                      |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     | Suite, Apt. #, etc.                       |                                                                                                                                      |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | City & State                              |                                                                                                                                      |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                             | Zip                                       | Country                                                                                                                              | 4. FEI Number<br><b>592098476</b>                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                           |                                                                                                                                      | \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ESTELL, ROBERT E<br/>22218 LAVER LANE<br/>LAND O LAKES, FL 34639</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                           |                                                                                                                                      |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                  |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>ESTELL, ROBERT E<br>22218 LAVER LANE<br>LAND O LAKES, FL 34639 |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Delete                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>ESTELL, EVELYN O<br>22218 LAVER LANE<br>LAND O LAKES, FL 34639 |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                     |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                     |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                     |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                     |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Robert E Estell</i> <b>Robert E Estell</b> <b>8/24/04</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                           |                                                                                                                                      |                                                                                   |  |

66433838



08112004 Chg-P CR2E034 (10/03)

Attachment 66433838

**Robert E. Estell Inc.**  
General Contractor

22218 Laver Lane, Land O' Lakes, FL 34639

Fla. Licensed Class "A"  
Bonded and Insured  
CGC 017825

Phone (813) 996-7956  
Fax (813) 996-7654

RE: Letter # 504A00049B25

8/24/04

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

Ms Tina Roberts

I really appreciate your prompt  
Reply to my letter. I cannot even  
remember getting a previous request for  
my ANNUAL report and possible confusion (probable)  
since I had not been able to operate as  
an incorporation because of the licensing or  
lack of situation.

I now am sending the ANNUAL Report  
and including a check for \$158.75 with  
my explanation of the oversight for not  
filing before now

Sincerely

Robert E. Estell

Please waive the \$400.00 penalty as I did not  
intentionally fail to file

Document  
PO3000127664

Robert E. Estell

• Residential • Commercial • Industrial

Thank you