

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000137294

1. Entity Name
ALCA CONSTRUCTION, INC.



Principal Place of Business
**381 STERLING DRIVE
WINTER HAVEN, FL 33884 US**

Mailing Address
**381 STERLING DRIVE
WINTER HAVEN, FL 33884 US**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0472279

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASTANEDA, ALBERTO
381 STERLING DRIVE
WINTER HAVEN, FL 33884**

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IN THIS SPACE**

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 *ALBERTO CASTANEDA PRES.* DATE _____
Signature, Title and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00
After May 1/2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASTANEDA, ALBERTO
STREET ADDRESS	381 STERLING DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	VP
NAME	SOLORZANO, RAMIRO
STREET ADDRESS	381 STERLING DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	S
NAME	SANCHEZ, ABEL
STREET ADDRESS	381 STERLING DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/07-80025-017 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *ALBERTO CASTANEDA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-08-07(407)342-2865
Date Daytime Phone #