## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P03000148265 04-28-2004 90263 007 \*\*\*150.00 WAYNE A. VAINOSKY, GENERAL CONTRACTORS, INC. Principal Place of Business Mailing Address 1406 KINGSLEY AVE STE E 1406 KINGSLEY AVE STE E **44008694** ORANGE PK, FL 32073 ORANGE PK, FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Country Zip 🕳 Country --Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAINOSKY, WAYNE A Street Address (P.O. Box Number is Not Acceptable) 1406 KINGSLEY AVE STE E ORANGE PK, FL 32073 City 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. ‡ am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete Change ■ Addition NAME VAINOSKY, WAYNE A NAME STREET ADDRESS 1406 KINGSLEY AVE STE E STREET ADDRESS CITY-ST-ZIP ORANGE PK, FL 32073 CITY-ST-ZIP ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Addition Change | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 19.07(3)(i), Florida Statutes. Liturther, 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.

**FILED**