

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-22-2004 90009 033 ***158.75

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04152004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000149726					
1. Entity Name JORGE'S CONSTRUCTION, INC.					
Principal Place of Business 729 E WARREN AVE LONGWOOD, FL 32750 US			Mailing Address 729 E WARREN AVE LONGWOOD, FL 32750 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FCI Number 760747739			App. Fee For Not Applicable		
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORALES, JORGE 729 E WARREN AVE LONGWOOD, FL 32750			Name		
			Street Address (P.O. Box Number's Not Acceptable)		
			City		
			FL 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 qualifications of registered agent.					
SIGNATURE _____ Register, Incorporate, Withdraw, Change Registered Office, Change Registered Agent, Change Name, Change Status, Change FCI Number, Change Certificate of Status Desired, Change Certificate of Status Desired Fee, Change Certificate of Status Desired Fee Required					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MORALES, JORGE A		NAME		
STREET ADDRESS	729 E WARREN AVE		STREET ADDRESS		
CITY ST ZIP	LONGWOOD, FL 32750		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		
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CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a former like empowered.					
SIGNATURE: <u>Jorge A. Morales</u> 05/12/04					
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					