## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 07, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P03000150703** FERNANDEZ CONSTRUCTION SERVICES, INC Principal Place of Business ... Mailing Address 811 COASTAL BAY LANE 811 COASTAL BAY LANE 101 KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 No Chg-P CR2E034 (10/03) 01042005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1480709 Not Applicable \$8.75 Additional 5. Certificate of Status Desired <del>□</del> Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ, FELIX S DO NOT WRITE 811 COASTAL BAY LANE 101 IN THIS SPACE KISSIMMEE, FL 34741 8. The above named entity subgrits 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, typeti registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FERNANDEZ, FELIX S NAME 811 COASTAL BAY LANE STREET ADDRESS Unrignot 73959 KISSIMMEE, FL 34741 CITY - ST - ZIP 01/07/05-80039-016 158.75 SECR TITLE FERNANDEZ, FELIX S NAME STREET ADDRESS 811 COASTAL BAY LANE KISSIMMEE, FL 34741 CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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)(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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OFFICER NAME OF SIGNING OFFICER OR DIRECTOR

5/05 (321) (024-6552)

FILED