2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000153073

1. Entity Name *

ZAVALA PAINTING & CONSTRUCTION, INC.



FILED Apr 27, 2004 8:00 am Secretary of State

04-27-2004 90089 005 ***150.00

		•				100 m	IIII)					
Principal Plac		s	Mai	ling Address				l				
6656 FESTIN Orlando, F		FL		56 FESTIVAL LANE LANDO, FL 32818	FL							
				•								
2. Principal Place of Business 3.				J. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04012004	Chg-P	CR2E00	34 (10/03	3)
City & State			City & State					4. FEI Numb	8095		-	Applied Fo
Zip	Zip Country		Zi	Zip		Country			of Status Desired		\$8.75 A	Additional
6. Name and Address of Current Regis				ered Agent				7. Name and Address of New Registered Agent				
741/41 4 5	2401104					Name					•	
ZAVALA, BACILIO M 6656 FESTIVAL LANE ORLANDO, FL 32818					Street Address			(P.O. Box Number is Not Acceptable)				
						City		_		FL	Zip Co	
8. The above the obligat	named entit	y submits this statement tered agent.	for the pu	rpose of changing its r	egistere	ed office or	registe	red agent, or bo	th, in the State of Fl	orida. I am f	amiliar wit	th, and acc
SIGNATURE_	Signature, typed	or printed name of registered age	ont and title if a	applicable. (NOTE:	Registered	l Agent signati.	re required	d when reinstating)		DATE	r	
			· · · · · · · · · · · · · · · · · · ·									
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee will be \$550	0.00	9. Election Campaig Trust Fund Contri		cing		.00 May Be led to Fees				•
10. OFFICERS AND DIRI			D DIRECT	ECTORS 11.				ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 11
TITLE NAME	P ZAVALA	BACILIO M		☐ Delete	TITLE NAME						☐ Change	e 🗌 Ad
STREET ADDRESS		TIVAL LANE				et address						
CITY-ST-ZIP	ORLAND	O, FL 32818			CITY-	·ST-ZIP						
TITLE NAME				☐ Delete	TITLE						☐ Change	e 🗌 Ad
STREET ADDRESS					NAME STREE	T ADDRESS						
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CITY-ST-ZIP	l				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 informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Backin

4/1/04 407-947-5138