


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000157362

1. Entity Name
SV WIRE LATHING, INC.



Principal Place of Business Mailing Address
2492 VICTOR RD. **2492 VICTOR RD.**
COCOA FL 32926 **COCOA FL 32926**



2. Principal Place of Business 3. Mailing Address
2492 Victor RD **2492 Victor RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Cocoa Fl. **Cocoa Fl**
 City & State City & State

2nd MOORE CR2E034 (5/05)

4. FEI Number Applied For
43-2036873 Not Applicable

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

Zip Country Zip Country
32926 **Brevard.** **32926** **Brevard.**

6. Name and Address of Current Registered Agent

VASQUEZ, SAUL A
2492 VICTOR RD.
COCOA FL 32926

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is 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 obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | VASQUEZ, SAUL A |
| STREET ADDRESS | 2492 VICTOR RD. |
| CITY-ST-ZIP | COCOA FL 32926 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | U00000376014 |
| CITY-ST-ZIP | 08/09/05-80002-011 550.00 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | U00000376014 |
| CITY-ST-ZIP | 08/09/05-80002-012 8.75 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 19.07(3)(f), 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 Saul Vasquez **Saul Vasquez** **8/4/05** **(321) 863-592**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #