


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2007 08:00 A
Secretary of State

DOCUMENT # P0300015796 1. Entity Name CRUZ GENERAL CONTRACTING, INC.	
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Principal Place of Business 5012 S CRAIG PT HOMOSSASSA, FL 34447	Mailing Address P.O. BOX 1618 HOMOSSASSA, FL 34447
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DO NOT WRITE IN THIS SPACE



09042007 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0616943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CRUZ, SILVIO
5012 S CRAIG PT
HOMOSSASSA, FL 34447**

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IN THIS SPACE**

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 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, SILVIO 5012 S CRAIG PT HOMOSSASSA, FL 34447
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09/05/07-80004-018 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **9-3-07 352-860-3080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #