

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/27/2004-90003-016-\$150.00-\$150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
04 OCT -6 AM 10:14



**DOCUMENT # P04000001208**

1. Entity Name  
**JOSE E. GRAU CONSTRUCTION, INC.**

Principal Place of Business <b>3907 WEST SOUTH AVE TAMPA, FL 33614</b>	Mailing Address <b>3907 WEST SOUTH AVE TAMPA, FL 33614</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09212004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country
Zip	Country

4. FEI Number <b>134271636</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent

**GRAU, JOSE E  
3907 WEST SOUTH AVE  
TAMPA, FL 33614**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE	DPT <input type="checkbox"/> Delete
NAME	GRAU, JOSE E
STREET ADDRESS	3907 WEST SOUTH AVE
CITY - ST - ZIP	TAMPA, FL 33614
TITLE	ST <input type="checkbox"/> Delete
NAME	GRAU, JOSE E
STREET ADDRESS	3907 WEST SOUTH AVE
CITY - ST - ZIP	TAMPA, FL 33614
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	
CITY - ST - ZIP	
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)(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: Jose E. Grau  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/04 (813) 948-2416  
Date Daytime Phone #