


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90112 032 \*\*\*150.00

<b>DOCUMENT # P04000030959</b>	
1. Entity Name <b>LOPEZ CONCRETE &amp; MASONRY, INC.</b>	

Principal Place of Business <b>4058 CHEROKEE AVE. FORT MYERS, FL 33916</b>	Mailing Address <b>4058 CHEROKEE AVE. FORT MYERS, FL 33916</b>
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**14016675**



2. Principal Place of Business <b>602 Prospect Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>602 Prospect Ave</b> Suite, Apt. #, etc.
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05022005 Chg-P CR2E034 (10/03)

City & State <b>Ft Myers, FL</b>	City & State <b>Ft Myers, FL</b>	4. FEI Number <b>20-0734940</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33905</b>	Zip <b>33905</b>	Country <b>US</b>	Country <b>US</b>

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

6. Name and Address of Current Registered Agent <b>GARCIA, LUCINA 4058 CHEROKEE AVE. FORT MYERS, FL 33916</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GARCIA, LUCINA 4058 CHEROKEE AVE FORT MYERS, FL 33916</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Garcia, Lucina 602 Prospect Ave Ft Myers, FL 33905</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lucina Garcia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2396944029  
Daytime Phone #