



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90009 027 ***150.00

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DOCUMENT # P04000082482					
1. Entity Name JORGE A DURAN CONSTRUCTION CORP					
Principal Place of Business 4459 MELISSA CT W JACKSONVILLE, FL 32210 US			Mailing Address 4459 MELISSA CT W JACKSONVILLE, FL 32210 US		
2. Principal Place of Business 1132 Jones Creek Dr Suite, Apt. #, etc.		3. Mailing Address 1132 Jones Creek Dr Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 20-1157104	
Zip 32225		Country USA		City Jacksonville	
Zip 32225		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DURAN, JORGE A 4459 MELISSA CT W JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name: Jorge A Duran Street Address (P.O. Box Number is Not Acceptable) 8257 Velvet Springs Lane City: Jacksonville FL Zip Code: 32244		
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. <input type="checkbox"/> \$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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DURAN, JORGE A 4459 MELISSA CT W JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESPINOZA-ALFARO, ROMMEL 9439 SAN JOSE BLVD APT 223 JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MORALES, KENNETH F 9439 SAN JOSE BLVD APT 223 JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Jorge A Duran 8257 Velvet Springs Lane Jacksonville, FL 32244 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESPINOZA-ALFARO Rommel 1132 Jones Creek Dr Jacksonville, FL 32225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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: 		5/18/05 904-813-3791			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			