



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	
Zip 32225		Country USA	
4. FEI Number 20-1157104		Applied For <input type="checkbox"/> Not Applicable	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	NAME DURAN, JORGE A	<input type="checkbox"/> Delete	TITLE PRES
STREET ADDRESS 4459 MELISSA CT W	CITY-ST-ZIP JACKSONVILLE, FL 32210		NAME Jorge A Duran
			STREET ADDRESS 8257 Velvet Springs Lane
			CITY-ST-ZIP Jacksonville, FL 32244
TITLE VP	NAME ESPINOZA-ALFARO, ROMMEL	<input type="checkbox"/> Delete	TITLE VP
STREET ADDRESS 9439 SAN JOSE BLVD APT 223	CITY-ST-ZIP JACKSONVILLE, FL 32257		NAME ESPINOZA-ALFARO Rommel
			STREET ADDRESS 1132 Jones Creek Dr
			CITY-ST-ZIP JACKSONVILLE, FL 32225
TITLE DIR	NAME MORALES, KENNETH F	<input checked="" type="checkbox"/> Delete	TITLE
STREET ADDRESS 9439 SAN JOSE BLVD APT 223	CITY-ST-ZIP JACKSONVILLE, FL 32257		NAME
			STREET ADDRESS
			CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS 	CITY-ST-ZIP 		NAME
			STREET ADDRESS
			CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS 	CITY-ST-ZIP 		NAME
			STREET ADDRESS
			CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS 	CITY-ST-ZIP 		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 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 #	