2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100474

Name:

Address:

City-St-Zip:

FILED Apr 13, 2005 Secretary of State

Entity Na	me: DEPOT CONTRACTORS II	NC.			·	
Current Principal Place of Business:			New Principal Place of Business:			
	O STREET NORTH RSBURG, FL 33713					
Current Mailing Address:			New Mailing Address:			
	O STREET NORTH RSBURG, FL 33713					
FEI Number	: FEI Number Applie	ed For (X) FE	El Number Not Appli	cable ()	Certificate of Status	s Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
2200 22NE	DEZ, PEDRO DISTREET NORTH RSBURG, FL 33713 US					
	named entity submits this staten e of Florida.	nent for the purpo	ose of changing it	s registered	office or registered	agent, or both,
SIGNATU	RE:					
	Electronic Signature of Re	gistered Agent			Date	
Election Car	mpaign Financing Trust Fund Contrib	ution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P () Delete PEDRO, HERNANDEZ 2200 22ND STREET NORTH ST PETERSBURG, FL 33713 US		Title: Name: Address: City-St-Zip:	HERNANDEZ 2200 22ND S	X) Change () Addition , PEDRO TREET NORTH URG, FL 33713 US	
Title: Name: Address: City-St-Zip:	VP () Delete JOSEFINA, ARUFE 2200 22ND STREET NORTH ST PETERSBURG, FL 33713		Title: Name: Address: City-St-Zip:	ARUFE, JOSE 2200 22ND S	X) Change () Addition EFINA A TREET NORTH URG, FL 33713	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	HERNANDEZ 2200 22ND S) Change (X) Addition , MILEYDIS TREET NORTH URG, FL 33713	
Title:	() Delete		Title:	Т () Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

HERNANDEZ, MIRIELYS

2200 22ND STREET NORTH

ST PETERSBURG, FL 33713

SIGNATURE: JOSEFINA A ARUFE VP 04/13/2005