

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000144760

1. Entity Name  
JOSE LOPEZ CONSTRUCTION, INC.



Principal Place of Business  
14 UTILITY DR.  
SUITE 12  
PALM COAST, FL 32137 US

Mailing Address  
14 UTILITY DR.  
SUITE 12  
PALM COAST, FL 32137 US

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**



07302008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3173415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ZELLER, SERENA  
14 UTILITY DR.  
PALM COAST, FL 32137

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IN THIS SPACE**

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 12, 2008**

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

TITLE D  
NAME LOPEZ, JOSE  
STREET ADDRESS 14 UTILITY DR.  
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D  
NAME ZELLER, SERENA  
STREET ADDRESS 14 UTILITY DR.  
CITY-ST-ZIP PALM COAST, FL 32137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000957029  
08/04/08-80006-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fee empowered

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/08  
Daytime Phone # \_\_\_\_\_