

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90243 006 ***150.00

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|--|---|---|---|--|--|
| DOCUMENT # P04000159340 1. Entity Name ROBERT MIRANDA CONSTRUCTION, INC. | | | | | |
| Principal Place of Business 6936 CLOVIS RD JACKSONVILLE, FL 32205 | | Mailing Address 6936 CLOVIS RD JACKSONVILLE, FL 32205 | | | |
| 2. Principal Place of Business 2007 BRAQUE Ct. Suite, Apt. #, etc. | | 3. Mailing Address 2007 BRAQUE Ct. Suite, Apt. #, etc. | | | |
| City & State JACKSONVILLE, FL. | | City & State JACKSONVILLE, FL. | | 4. FEI Number 76-0771414 | |
| Zip 32210 | | Country DUVAL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MIRANDA, ROBERT 6936 CLOVIS RD JACKSONVILLE, FL 32205 | | 7. Name and Address of New Registered Agent Name N/A SAME Street Address (P.O. Box Number is Not Acceptable) 2007 BRAQUE Ct. City JACKSONVILLE FL Zip Code 32210 | | | |
| 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 <u>Robert Miranda - Robert MIRANDA (OWNER)</u> 1-13-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MIRANDA, ROBERT 6936 CLOVIS RD JACKSONVILLE, FL 32205 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert MIRANDA 2007 BRAQUE Ct. JACKSONVILLE, FL 32210 | |
| 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 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 like empowered. | | | | | |
| SIGNATURE: <u>Robert Miranda - ROBERT MIRANDA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-6-06 | | 904-923-3001 <small>Daytime Phone #</small> |