


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-22-2006 90040 039 ***150.00

DOCUMENT # P05000052930 1. Entity Name JUSINO CONSTRUCTION OF DELTONA, INC.					
Principal Place of Business 1055 DELTONA BOULEVARD DELTONA, FL 32725			Mailing Address 1055 DELTONA BOULEVARD DELTONA, FL 32725		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-3421770			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 JUSINO, JUAN V 1055 DELTONA BOULEVARD DELTONA, FL 32725			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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's signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	P JUSINO, JUAN V 1055 DELTONA BOULEVARD DELTONA, FL 32725	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JUSINO, MARTIN 1055 DELTONA BOULEVARD DELTONA, FL 32725	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DIAZ, JONATHAN 1183 PENFIELD AVENUE DELTONA, FL 32725	<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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>x Juan V Jusino</i> 6-14-06 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

66020399



05152008 Chg-P CR2E034 (11/05)

ATTACHMENT
66020399
P05000052930

Nora B. Romero

Certified Public Accountant

2411 E. Graves Ave.

Suite #4

Orange City, FL 32763

386-851-0040

Florida Dept of State
Division of Corporation
P.O Box 1500
Tallahassee, FL 32302-1500

Re: Jusino Construction of Deltona, Inc.

Dear Sir/Madam:

Enclosed is the annual report for Jusino Construction of Deltona, Inc. Please be advice that management was not aware of this filing requirement and they did not receive a postcard in the mail. We are therefore respectfully requesting an abatement of the penalty.

If you have any further question regarding this matter, please contact me.

Sincerely,



Nora B. Romero
CPA

ATTACHMENT

66020399

P05000052930

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the enclosed instructions before completing this form.

SECTION 1: I am applying for exemption as a (Please check only one box in this section):

CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (\$50 APPLICATION FEE REQUIRED)

☒ Officer of a Corporation (Title: TREASURER) -OR- ☐ Member of a Limited Liability Company (LLC)

NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED)

☐ Officer of a Corporation (Title: _____)

An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter.

SECTION 2. To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Division of Corporations of the Department of State. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Division of Corporations of the Department of State. Please list the registration number (document number shown on your Uniform Business Report) on file with the Division of Corporations. P05000052930

SECTION 3. This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed:

Corporation or LLC Name: SUNCO CONSTRUCTION OF DELTONA INC FEIN: 20-3421770 Telephone: 386 804-7888

Business Mailing Address: 1055 DELTONA BLVD City: DELTONA State: FL Zip: 32735 County: VOLUSIA

Scope of Business or Trade of Applicant: 1. FRAMING 2. _____ 3. _____ 4. _____

SECTION 4. Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License) _____

SECTION 5. Does the county or municipality in which your business is located require an occupational license for your business?

☐ Yes ☐ No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.

SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies?

☐ Yes ☒ No IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR

LLC(S):

FEIN:

SECTION 7. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC.

- A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED.
- B. To be eligible for a construction industry exemption as a member of a limited liability company (LLC), the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A NOTARIZED STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.

SECTION 8. FRAUD NOTICE

- A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree.
- B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.

x Pedro A Mercado Moreno

SIGNATURE OF APPLICANT

THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE

ATTACHMENT 66020399

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NOTICE OF ELECTION TO BE EXEMPT - Page 2

SECTION 9. You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. Carrier Name: _____

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers, including any affiliated corporations as provided in §440.02 Florida Statutes; and that any non-exempt employees of the corporation or limited liability company (LLC) identified in section 3 of this notice are covered by workers' compensation insurance.

PEDRO AMERCAO MORENO
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

583, 44, 7172
SOCIAL SECURITY NUMBER

x Pedro A Mercado Moreno
APPLICANT'S SIGNATURE

5-15-06
DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF Volusia

Sworn to and subscribed before me this 15th day of May, 2006, by Pedro A Mercado Moreno

Personally Known _____ OR Produced Identification X Type of Identification
Produced DRIVERS LICENSE



Nora B. Romero
My Commission DD265510
Expires November 09, 2007

NOTARY SIGNATURE Nora B. Romero My Commission Expires 11-9-07

Please submit this completed form, along with any attachments and a \$50.00 application fee (construction industry applicants only) payable to the W.C. Administration Trust Fund, to the District Office listed below that is closest to your place of business.

12381 S. Cleveland Ave.
Suite #506
Ft. Myers FL 33907
Telephone (239) 278-7239

921 N. Davis St.
Building B, Suite #250
Jacksonville, FL 32209
Telephone (904) 798-5806

401 NW 2nd Ave.
Suite #321 South Tower
Miami FL 33128
Telephone (305) 536-0306

1111 NE 25th Ave.
Suite #403
Ocala FL 34470
Telephone (352) 401-5350

400 West Robinson St.
Room #211 North Tower
Orlando FL 32801
Telephone (407) 245-0896

2686 Chapman Dr.
Panama City FL 32405
Telephone (850) 747-5425

610 E. Burgess Road
Pensacola, FL 32504-6320
Telephone (850) 453-7804

499 Northwest 70th Avenue
Suite #116
Plantation FL 33317
Telephone (954) 321-3143 or
(954) 321-3160

1718 Main St.
Suite #201
Sarasota FL 34236
Telephone (941) 361-6022

2012 Capital Circle SE
Suite #102 Hartman Bldg.
Tallahassee FL 32399-2161
Telephone (850) 413-1609

1313 N. Tampa St.
Suite #503
Tampa FL 33602
Telephone (813) 221-6506

3111 South Dixie Hwy.
Suite #123
West Palm Beach FL 33405
Telephone (561) 837-5412

STATE USE ONLY	
Effective/Issue Date:	
Expiration Date:	
Control Number:	
Postmark Date:	
Received Date:	

THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE