

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # P05000134612 1. Entity Name UNLIMITED CONSTRUCTION OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 1404 CHARLEON DR OCOE, FL 34761 US	Mailing Address 1404 CHARLEON DR OCOE, FL 34761 US
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DO NOT WRITE IN THIS SPACE

04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3633205	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CASTILLO, JOSE G
9923 CLARCONA OCOEE RD.
APOPKA, FL 32703

**DO NOT WRITE
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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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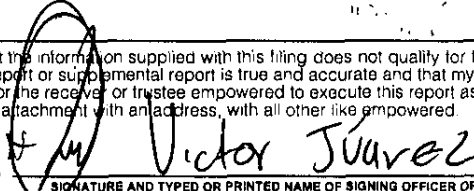
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, JOSE G 9923 CLARCONA OCOEE RD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUAREZ, VICTOR 1404 CHARLEON DR OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IBARRA, ALONDRA B 1404 CHARLEON DR OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/27/07-80066-011 158.75

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/13/07 402 488-4883
Date Daytime Phone #