

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90056 030 ***150.00

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1. Entity Name
MEZA & REYES STUCCO CORP



Principal Place of Business
916 S BUMBY AVE
ORLANDO, FL 32806 US

Mailing Address
916 S. BUMBY AVE
ORLANDO, FL 32806 US



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3576850	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEZA, JUAN
916 S BUMBY AVE
ORLANDO, FL 32806

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS

TITLE P
NAME MEZA, JUAN
STREET ADDRESS 916 S BUMBY AVE
CITY-ST-ZIP ORLANDO, FL 32806

TITLE VP
NAME MEZA, MIGUEL
STREET ADDRESS 916 S BUMBY AVE
CITY-ST-ZIP ORLANDO, FL 32806

TITLE S
NAME REYES, FERNANDO
STREET ADDRESS 916 S BUMBY AVE
CITY-ST-ZIP ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 like empowered.

SIGNATURE: X FM LN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 APR 17 2007 407) 568-0771
Date Daytime Phone #