2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000165298

TEXOCO CONSTRUCTION CORP.

FILED Jan 12, 2007 08:00 AM Secretary of State

Principal Place of Business 8501 N. 50TH ST., #708 TAMPA, FL 33617

Mailing Address

8501 N. 50TH ST., #708 **TAMPA, FL 33617**



01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-3964251

5. Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

TEZOCO, ALFREDO S 8501 N. 50TH ST., #708 TAMPA, FL 33617

SIGNATURE:

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 sign				required when reinstating)	DATE
Ogradius, 19,000 of printed name of registrated and man exponentials. (In order registrated registrate required in our reference)					
FILE NUMIN FEE 13 3 130 NU		 Election Campaign Finance Trust Fund Contribution. 	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE Name Street address City-St-Zip	P/O TEZOCO, ALFREDO S 8501 N. 50TH ST., #708 TAMPA, FL 33617				U00000585172 01/12/07-80065-022 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE Name Street address City-St-Zip				DO	NOT WRITE
TITLE VAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
ITLE IAME STREET ADDRESS CITY-ST-ZIP					
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.					

NITED MAME OF SIGNING OFFICER OR DIRECTOR