


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000011104	
1. Entity Name BOLENA CONSTRUCTION, INC.	

Principal Place of Business 4459 PARKBREEZE CT ORLANDO, FL 32808 US	Mailing Address 4459 PARKBREEZE CT ORLANDO, FL 32808 US
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3167611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOLENA, GERALD 1526 FRANCES DR APOPKA, FL 32703
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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLENA, GERALD 1526 FRANCES DR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHELL, MARK 9160 ROYAL GATE DR WINDERMERE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/15/04-00001-027 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	1/12/04	407-445-8822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #