


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 13, 2005 08:00 AM  
Secretary of State

|   |                      |                                 |   |  |  |
|---|----------------------|---------------------------------|---|--|--|
| DOCUMENT # P94000031361   |                      |                                 |   |                               |  |
| 1. Entity Name<br>FALCON RENOVATIONS & CONSTRUCTION INC.  |                      |                                 |   |  |  |
| Principal Place of Business<br>4743 FOXSHIRE CIRCLE<br>TAMPA FL 33624   |                      |                                 | Mailing Address<br>4743 FOXSHIRE CIRCLE<br>TAMPA FL 33624 |  |  |
| 2. Principal Place of Business  |                      |                                 | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.   |                      |                                 | Suite, Apt. #, etc.                                       |  |  |
| City & State  |                      |                                 | City & State  |  |  |
| Zip   | Country              | Zip                             | Country   | 4. FEI Number 59-3240719   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                      |                                 |   | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>                                   |  |
| 6. Name and Address of Current Registered Agent<br>RODENAS, JOHN<br>4743 FOXSHIRE CIRCLE<br>TAMPA FL 33624  |                      |                                 |   | 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 signature required when reinstating)  |                      |                                 |   |  |  |
| DATE _____  |                      |                                 |   |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State  |                      |                                 |   | 9. Election Campaign Financing \$5.00 May B.<br>Trust Fund Contribution <input type="checkbox"/> Added to Fees |  |
| 10. OFFICERS AND DIRECTORS  |                      |                                 |   |  |  |
| TITLE   | PD                   | <input type="checkbox"/> Delete |   |  |  |
| NAME  | RODENAS, JOHN        |                                 |   |  |  |
| STREET ADDRESS  | 4743 FOXSHIRE CIRCLE |                                 |   |  |  |
| CITY-ST-ZIP   | TAMPA FL 33624       |                                 |   |  |  |
| TITLE   |                      | <input type="checkbox"/> Delete |   |  |  |
| NAME  |                      |                                 |   |  |  |
| STREET ADDRESS  |                      |                                 |   |  |  |
| CITY-ST-ZIP   |                      |                                 |   |  |  |
| TITLE   |                      | <input type="checkbox"/> Delete |   |  |  |
| NAME  |                      |                                 |   |  |  |
| STREET ADDRESS  |                      |                                 |   |  |  |
| CITY-ST-ZIP   |                      |                                 |   |  |  |
| TITLE   |                      | <input type="checkbox"/> Delete |   |  |  |
| NAME  |                      |                                 |   |  |  |
| STREET ADDRESS  |                      |                                 |   |  |  |
| CITY-ST-ZIP   |                      |                                 |   |  |  |
| TITLE   |                      | <input type="checkbox"/> Delete |   |  |  |
| NAME  |                      |                                 |   |  |  |
| STREET ADDRESS  |                      |                                 |   |  |  |
| CITY-ST-ZIP   |                      |                                 |   |  |  |
| TITLE   |                      | <input type="checkbox"/> Delete |   |  |  |
| NAME  |                      |                                 |   |  |  |
| STREET ADDRESS  |                      |                                 |   |  |  |
| CITY-ST-ZIP   |                      |                                 |   |  |  |
| TITLE   |                      | <input type="checkbox"/> Delete |   |  |  |
| NAME  |                      |                                 |   |  |  |
| STREET ADDRESS  |                      |                                 |   |  |  |
| CITY-ST-ZIP   |                      |                                 |   |  |  |



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3240719

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 signature required when reinstating)

DATE \_\_\_\_\_

9. Election Campaign Financing \$5.00 May B.  
Trust Fund Contribution ☐ Added to Fees

|   |   |
|---|---|
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Rodenas JOHN RODENAS 4/9/05 813 610 2952  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #