

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 30, 2004 08:00 AM
Secretary of State**

DOCUMENT # P95000028010

1. Entity Name

SOSA PLASTERING, INC.



Principal Place of Business

**1312 S.E. 18TH TERRACE
CAPE CORAL, FL 33990**

Mailing Address

**P.O. BOX 152447
CAPE CORAL, FL 33915**



01162004 No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0569641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOSA, ALFREDO J JR
1312 S.E. 18TH TERRACE
CAPE CORAL, FL 33990**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SOSA, ALFRED JR
1312 S.E. 18TH TERRACE
CAPE CORAL, FL 33990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SOSA, PURA
1312 S.E. 18TH TERRACE
CAPE CORAL, FL 33990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROBINSON, KENNETH
8106 EBSON DR
N FORT MYERS, FL 33917**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROBINSON, KENNETH
1312 S.E. 18TH TERRACE
CAPE CORAL, FL 33990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000023288
02/02/04-80020-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Alfredo Sosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04 239-633-1621
Date Daytime Phone #