


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90033 016 ***150.00

DOCUMENT # P97000038335 1. Entity Name OLMEDO CONSTRUCTION, INC.			
Principal Place of Business 886 CODY LN PENSACOLA, FL 32514		Mailing Address 886 CODY LN PENSACOLA, FL 32514	
2. Principal Place of Business 7837 Coronet way Suite, Apt. #, etc.		3. Mailing Address 7837 Coronet way Suite, Apt. #, etc.	
City & State Pensacola, Fl. Zip 32514		City & State Pensacola, Fl. Zip 32514	
Country Esqmbia		Country Esqmbia	
4. FEI Number 59-3459005		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLMEDO, ALBERTO 886 CODY LN PENSACOLA, FL 32514		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7837 Coronet way City Pensacola FL Zip Code 32514	
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 <u>Alberto Olmedo</u> DATE <u>3-23-05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME OLMEDO, ALBERTO <input type="checkbox"/> Delete STREET ADDRESS 886 CODY LN CITY-ST-ZIP PENSACOLA, FL 32514	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME OLMEDO, ALBERTO STREET ADDRESS 7837 Coronet way CITY-ST-ZIP Pensacola, Fl. 32514	TITLE VP <input type="checkbox"/> Delete NAME OLMEDO, RODOLFO STREET ADDRESS 886 CODY LANE CITY-ST-ZIP PENSACOLA, FL 32514	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME OLMEDO, RODOLFO STREET ADDRESS 5244 Suwannee St. CITY-ST-ZIP Milton, Fl. 32583
TITLE S <input type="checkbox"/> Delete NAME OLMEDO, GRISELDA STREET ADDRESS 886 CODY LN CITY-ST-ZIP PENSACOLA, FL 32514	TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME OLMEDO, GRISELDA STREET ADDRESS 7837 Coronet way CITY-ST-ZIP Pensacola, Fl. 32514	TITLE T <input type="checkbox"/> Delete NAME OLMEDO, PEDRO STREET ADDRESS 1001 CREIGHTON RD., APT. 140 CITY-ST-ZIP PENSACOLA, FL 32504	TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME OLMEDO, PEDRO STREET ADDRESS 7837 Coronet way CITY-ST-ZIP Pensacola, Fl. 32514
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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: <u>Alberto Olmedo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3-23-05 (850) 478-1554</u> <small>Date Daytime Phone #</small>	