

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90029 030 \*\*\*150.00

DOCUMENT # P98000006727

1. Entity Name

FUNDORA CONSTRUCTION, INC.



Principal Place of Business

1031 NE PINE ISLAND RD  
UNIT 6  
CAPE CORAL FL 33909

Mailing Address

1031 NE PINE ISLAND RD  
UNIT 6  
CAPE CORAL FL 33909

2. Principal Place of Business - No P.O. Box #

720 NE 25TH AVE

3. Mailing Address

Same

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Zip

33909

Country

Zip

Country

4. FEI Number

65-0894143

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when removing agent)

DATE

**FILE NOW!!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME FUNDORA, RODOLFO  
STREET ADDRESS 1031 NE PINE ISLAND RD UNIT 6  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE STD ☐ Delete  
NAME FUNDORA, LISA R  
STREET ADDRESS 1031 NE PINE ISLAND RD UNIT 6  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE VP ☐ Delete  
NAME FUNDORA, LISA R  
STREET ADDRESS 1031 NE PINE ISLAND RD, UNIT 6  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Lisa R Fundora

Lisa R. Fundora

2-11-08 574-5949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #