

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000014821	
1. Entity Name R FLORES AND SONS INC.	

Principal Place of Business 506 4TH AVENUE ZOLFO SPRINGS, FL 33890	Mailing Address POST OFFICE BOX 822 ZOLFO SPRINGS, FL 33890
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66011454



04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0815032	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLORES, ROBERTO SR. 506 4TH AVENUE ZOLFO SPRINGS, FL 33890
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PVPD FLORES, ROBERTO SR. 506 4TH AVENUE ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FLORES, EVA 506 4TH AVENUE ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORES, ROBERTO JR 506 4TH AVE ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/16/05-80023-025 150.00

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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)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eva Flores 14-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #