

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000033965

1. Entity Name
CARRANZA, INC.



Principal Place of Business
16769 S.E. 130TH AVENUE
WEIRSDALE, FL 32195

Mailing Address
C/O BUSINESS & TAX SERVICES
10125 S.E. SUNSET HARBOR RD., SUITE C
SUMMERFIELD, FL 34491



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FFI Number
59-3506687

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CROWLEY, ELIZABETH
C/O BUSINESS & TAX SERVICES
10125 S.E. SUNSET HARBOR RD., SUITE C
SUMMERFIELD, FL 34491

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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

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

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARRANZA, JOSE ANTONIO
STREET ADDRESS	15965 SE 134TH AVE
CITY-ST-ZIP	WEIRSDALE, FL 32195
TITLE	VST
NAME	CARRANZA, DOROTHY O
STREET ADDRESS	15965 SE 134TH AVE
CITY-ST-ZIP	WEIRSDALE, FL 32195
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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05/02/05-80001-013 150.00

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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)(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05
Date

352-821-0288
Daytime Phone #