

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90202 012 \*\*\*550.00

**DOCUMENT # V09177**

1. Entity Name  
**FLORIDA DIVERSIFIED CONSTRUCTORS, INC.**



Principal Place of Business  
**2515 EAST HANNA AVE  
TAMPA, FL 33610 US**

Mailing Address  
**P O BOX 9658  
TAMPA, FL 33674-9658 US**

**24074648**



**DO NOT WRITE IN THIS SPACE**

05042004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3103160** Applied For ☒ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JURADO, KEITH M.  
2515 E HANNA AVE  
TAMPA, FL 33610**

**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 \$550.00  
Due by September 8, 2004**

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  
**D  
JURADO, KEITH M  
2515 E HANNA AVE  
TAMPA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
JURADO, CRYSTAL  
2515 EAST HANNA AVE  
TAMPA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #