


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V72173</b>		
1. Entity Name JOSE CONSTRUCTION INC.		
Principal Place of Business 3440 ERIC TER DELTONA, FL 32738	Mailing Address 3440 ERIC TER DELTONA, FL 32738	



03132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3148196	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

DAVILA, JOSE  
3440 ERIC TER  
DELTONA, FL 32738

**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 reinstalling)

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	PS
NAME	DAVILA, JOSE
STREET ADDRESS	3440 ERIC TERRACE
CITY-ST-ZIP	DELTONA, FL
TITLE	V
NAME	DAVILA, IVAN
STREET ADDRESS	3440 ERIC TERRACE
CITY-ST-ZIP	DELTONA, FL
TITLE	T
NAME	DAVILA, AMY
STREET ADDRESS	3440 ERIC TERRACE
CITY-ST-ZIP	DELTONA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000364154  
05/06/05-80029-008 150.00

**DO NOT WRITE  
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 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

4-29-05 386.747-786  
Date Daytime Phone #