


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F00000004921**  
 1. Entity Name  
**ANTHONY COSTANZO, INC.**



Principal Place of Business      Mailing Address  
**6672 N.W. 150TH AVENUE**      **6672 N.W. 150TH AVENUE**  
**MORRISTON, FL 32668**      **MORRISTON, FL 32668**

**DO NOT WRITE IN THIS SPACE**



02062008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**41-1789435**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**COSTANZO, ANTHONY**  
**6672 N.W. 150TH AVENUE**  
**MORRISTON, FL 32668**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COSTANZO, ANTHONY
STREET ADDRESS	6672 N.W. 150TH AVENUE
CITY-ST-ZIP	MORRISTON, FL 32668
TITLE	ST
NAME	CASTRO, JOHN
STREET ADDRESS	ONE MERRILL CIRCLE
CITY-ST-ZIP	ST. PAUL, MN 55108
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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 02/21/08-80022-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Anthony Costanzo*, President            2-11-08            352-671-9441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Anthony Costanzo President*