

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000031028	
1. Entity Name COSTENA RESOURCES, INC.	

Principal Place of Business 270 NW 3RD COURT BOCA RATON FL 33432-3720	Mailing Address 270 NW 3RD COURT BOCA RATON FL 33432-3720
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 31-1752294	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEWEES, LEDYARD H 270 NW 3RD COURT BOCA RATON FL 33432-3720

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 registering) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME DEWEES, LEDYARD H		NAME	
STREET ADDRESS 270 NW 3RD COURT		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33432-3720		CITY-ST-ZIP	
TITLE S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME O'BRIEN, CAROLYN C		NAME	
STREET ADDRESS 270 NW 3RD COURT		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33432-3720		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ledyard H. DeWees - Ledyard H. DeWees **4-8-08** 361-368-1427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #