


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90260 043 ***150.00

DOCUMENT # P97000088474

1. Entity Name
MANCUSO CONSTRUCTION INC.



Principal Place of Business
**8876 SE BRIDAR RD.
 HOBE SOUND, FL 33455**

Mailing Address
**8876 SE BRIDAR RD.
 HOBE SOUND, FL 33455**

340000

2. Principal Place of Business
8876 SE Bridge Rd
 Suite, Apt. #, etc.

3. Mailing Address
8876 SE Bridge Rd.
 Suite, Apt. #, etc.



04012004 Chg-P CR2E034 (10/03)

City & State
Hobe Sound, FL

City & State
Hobe Sound FL

Zip
33455 Country
USA

Zip
33455 Country
USA

4. FEI Number
65-0796718

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MANCUSO, RONALD
 8876 SE BRIDER RD.
 HOBE SOUND, FL 33455**

7. Name and Address of New Registered Agent

Name
Mancuso, Ronald

Street Address (P.O. Box Number is Not Acceptable)
8876 SE Bridge Rd

City
Hobe Sound FL Zip Code
33455

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: *Ronald Mancuso* **64-26-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCUSO, RONALD R	NAME	
STREET ADDRESS	225 BEACH RD., #106	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33469	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Ronald Mancuso* **04-26-04** **772-546-9658**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #