


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # 245566 1. Entity Name COSENTINO CONSTRUCTION CO |  |
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|---|---|
| Principal Place of Business 2398 FRUITVILLE ROAD SARASOTA, FL 34237 | Mailing Address 2398 FRUITVILLE ROAD SARASOTA, FL 34237 |
|---|---|



07202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 59-0933684 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent HARNEY, JAMES J 5409 RICHARDSON RD SARASOTA, FL 34232 |
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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 restate)
07/25/06 00000572081 006 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HARNEY, JAMES J 2398 FRUITVILLE RD SARASOTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP COSENTINO, JOHN M 2398 FRUITVILLE RD SARASOTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP COSENTINO, THOMAS C. 2398 FRUITVILLE RD SARASOTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S COSENTINO, BARBARA JOAN 2398 FRUITVILLE RD SARASOTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T COSENTINO, JOAN 2398 FRUITVILLE RD SARASOTA, FL |
| 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 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: _____ Date: 7-20-06 Daytime Phone #: 941 955-4975