

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2007 08:00 AM**

**Secretary of State**

**DOCUMENT # 290130**

1. Entity Name

PARETTA CONSTRUCTION CO. INC.



Principal Place of Business

8716 BALLY BUNION RD  
PORT SAINT LUCIE, FL 34986 US

Mailing Address

8716 BALLY BUNION RD  
PORT SAINT LUCIE, FL 34986 US

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1096527

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARETTA, L.R.  
8716 BALLY BUNION  
PORT SAINT LUCIE, FL 34986

**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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PARETTA, L R  
STREET ADDRESS 8716 BALLY BUNION RD  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986

TITLE S  
NAME PARETTA, L R  
STREET ADDRESS 8716 BALLY BUNION RD  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

UN00000732920  
05/09/07-80065-013 150.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

Date

Daytime Phone #