2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 314616

1. Entity Name
DON CAMPORA CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
6435 S.E. WILD OLIVE LANE STUART, FL 34997 US	6435 SE WILD OLIVE LANE STUART, FL 34997 US

04102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1164988
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPORA, JEANE C
6435 SE WILD OLIVE LANE
STUART, FL 33497

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!! FEE IS $150.00
After May 1, 2005 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	CAMPORA, DOUGLAS L
STREET ADDRESS	6435 SE WILD OLIVE LANE
CITY-ST-ZIP	STUART, FL 34997
TITLE	DS
NAME	CAMPORA, JEANNE
STREET ADDRESS	6435 SE WILD OLIVE LANE
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	BEATTY, JAMES M
STREET ADDRESS	4314 GRANT STREET
CITY-ST-ZIP	STUART, FL 34996
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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04/14/05-80069-011 150.00

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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: Jeanne Campora Jeanne Campora 4/11/05 772-287-7536
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #