

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90376 045 ***150.00

DOCUMENT # 488931

1. Entity Name
ALOIA CONSTRUCTION, INC.



Principal Place of Business

**7130 COLLEGE PKWY
STE E
FT. MYERS, FL 33907 US**

Mailing Address

**7130 COLLEGE PKWY
SUITE E
FT. MYERS, FL 33907 US**

2. Principal Place of Business

3914 COUNTRY CLUB BLVD

3. Mailing Address

3914 COUNTRY CLUB BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

Zip

33904

Country

LEE

03282006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-1628221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALOIA, ROBERT S
7130 COLLEGE PKWY SUITE E
FT. MYERS, FL 33907**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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** ☐ Delete
NAME **ALOIA, ROBERTS.**
STREET ADDRESS **3914 COUNTRY CLUB BLVD**
CITY-ST-ZIP **7130 COLLEGE PKWY SUITE E CAPE CORAL, FL 33904**

TITLE **VTS** ☐ Delete
NAME **ALOIA, GLADYS R.**
STREET ADDRESS **3914 COUNTRY CLUB BLVD**
CITY-ST-ZIP **7130 COLLEGE PKWY SUITE E CAPE CORAL, FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: **X** **ROBERT S. ALOIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

Date

239/931-4100

Daytime Phone #