## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 498287**

1. Entity Name

SORRENTINO CONSTRUCTION COMPANY, INC.



FILED Mar 09, 2005 08:00 AM Secretary of State

Principal Place of Business

2826 TAMIAMI TRAIL

SUITE 2

PORT CHARLOTTE, FL 33952-5167 US

Mailing Address

2826 TAMIAMI TRAIL

SUITE 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PORT CHARLOTTE, FL 33952-5167 US



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02172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1737813 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, CHARLES T 2315 AARON STRUT P.O. BOX 2159

SIGNATURE:

PORT CHARLOTTE, FL 33949-2159

## 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 reinstaling)  DATE											
	E NOW!!! FEE IS \$150.00 By 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ting 🔲	\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	CTORS		<del></del>	<u> </u>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SORRENTINO, JOSEPH C. 4483 GILLEN ST. PORT CHARLOTTE, FL 33948				U00000257303						
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	S SORRENTINO,EVELYN 4483 GILLEN ST. PORT CHARLOTTE, FL 33948				03/09/05-80049-005 150.00						
TITLE NAME STREET AODRESS CITY-ST-ZIP	VP SORRENTINO, LOUIS A 10038 S.W. COUNTRY ROAD 769 ARCADIA, FL 34269			DO	NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SORRENTINO-VARGO, SUSAN 18125 PLACID AVE PORT CHARLOTTE, FL 33948			IN .	THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZiP											
TITLE NAME STREET ADDRESS 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 affor accurate and that my signature shall have the same legal effect as if made under cath; 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 a pother type empowered.											