## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 498287**

FILED Apr 26, 2006 Secretary of State

Entity Name: SORRENTINO CONSTRUCTION COMPANY, INC.

Current Principal Place of Business:		New Principal Place of Business:
SUITE 2	IAMI TRAIL	
	ARLOTTE, FL 339525167 US	
Current Mailing Address:		New Mailing Address:
SUITE 2	IAMI TRAIL ARLOTTE, FL 339525167 US	
FEI Number	: 59-1737813 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
2315 AÁR( P.O. BOX	HARLES T ON STRUT 2159 ARLOTTE, FL 339492159 US	
	named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	
	Electronic Signature of Registered A	gent Date
Election Car	mpaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P ( ) Delete SORRENTINO,JOSEPH C., 4483 GILLEN ST. PORT CHARLOTTE, FL 33948	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S ( ) Delete SORRENTINO,EVELYN, 4483 GILLEN ST. PORT CHARLOTTE, FL 33948	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP ( ) Delete SORRENTINO, LOUIS A 10038 S.W. COUNTRY ROAD 769 ARCADIA, FL 34269	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete SORRENTINO-VARGO, SUSAN 18125 PLACID AVE PORT CHARLOTTE, FL 33948	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
- ,		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH C. SORRENTINIO PRES 04/26/2006