



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90099 049 ***158.75

DOCUMENT # 502546					
1. Entity Name CHRISTIANO CONSTRUCTION COMPANY, INC.					
Principal Place of Business 13790 ROOSEVELT BLVD. CLEARWATER, FL 33762 US		Mailing Address P.O. BOX 17506 CLEARWATER, FL 33762		<p style="text-align: right; font-size: 24pt;">50011560</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-1686946	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHRISTIANO, EDWARD J. 13790 ROOSEVELT BLVD. CLEARWATER, FL 33762				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City, State, Zip Code FL	
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</p>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTIANO, EDWARD J.		NAME		
STREET ADDRESS	1875 PARLIMENT WAY		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DILLARD, RICHARD		NAME		
STREET ADDRESS	6090 66TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONG, GARY C.		NAME	CT	
STREET ADDRESS	925 APPALOOSA RD.		STREET ADDRESS	LONG, GARY C.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		STREET ADDRESS	140 ISLAND WAY, #289	
			CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOCCIO, RALPH		NAME	S	
STREET ADDRESS	4227 HARTWOOD LANE		STREET ADDRESS	SOCCIO, RALPH	
CITY-ST-ZIP	TAMPA, FL 33624		STREET ADDRESS	345 BAYSHORE BOULEVARD, #704	
			CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DICKIE, LARRY		NAME	P	
STREET ADDRESS	11324 124TH TERRACE NORTH		STREET ADDRESS	DICKIE, LARRY	
CITY-ST-ZIP	LARGO, FL 34648		STREET ADDRESS	11324 124TH TERRACE NORTH	
			CITY-ST-ZIP	LARGO, FL 34648	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <i>Gary C Long</i>			Date: <i>1-6-05</i> Daytime Phone #: <i>727-573-3012</i>		