2006 FOR PROFIT CORPORATION ..... ANNUAL REPORT (AR)

## Feb 23, 2006 08:00 AM DOCUMENT # 508459 **Secretary of State** 1. Entity Name COSTA CONSTRUCTION, INC. Principal Place of Business Mailing Address 1022 S. 66TH ST. 1022 S. 66TH ST. **TAMPA FL 33619** TAMPA FL 33619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-1684096 Not Applicat Country \$8.75 Additional Zip Country Ζıρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COSTA, FRANK JOHN Street Address (P.O. Box Number is Not Acceptable) 1022 S. 66TH ST. TAMPA FL Zip Code City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent SIGNATURE, Signature, typed or preted name of registered agent and life if applicable (NOTE Registored Agent signature required when revisitating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ A= ☐ Delete TITLE TITLE NAME COSTA, FRANK JOHN NAME STREET ADDRESS STREET ADDRESS 1022 S. 66TH ST. City-St-ZiP CITY-SI-ZIP TAMPA FL Defete TITLE THLE NAME COSTA, MARIE ELSIE MAME STREET ADDRESS STREET ADDRESS 1022 S. 66TH ST. C)3Y-S3-ZIP TAMPA FL CITY-ST-ZIP Change Detete SIDS TITLE MARAE NAME STREET ADDRESS STREET ADDRESS CITY-SI-7/P CITY-SI-TIP TITLE ☐ Delete Title Change Più NAME NAME STREET ACCRESS STREET ADDRESS ETTY-ST-ZW CITY-ST-20F ☐ Defete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 7171.5 Delete TOLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

2-15-06 813-6267363

FILED