## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Feb 15, 2006 08:00 AM **DOCUMENT # 665675** Secretary of State 1. Entity Name MARSELLA CONSTRUCTION, INC. Principal Place of Business Mailing Address 30141 SR S4 30141 SR S4 WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2003897 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name MARSELLA, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 30141 SR 54 W WESLEY CHAPEL FL 33543 City 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 primed name of registered agent and title if applicable (NOTE (flagistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete ☐ Change THE Addition NAME MARSELLA, CLAUDIO 1 NAME U00000435256 STREET ADDRESS 30141 SR 54 STREET ADDRESS 02/25/06-80034-021 150.00 City-ST-ZIP WESLEY CHAPEL FL CITY-ST-ZIP TITLE ☐ Defete TETLE ☐ Change ☐ Addition MAME MARSELLA, ANTONIO R STREET ADDRESS 30141 SR 54 W STREET AUDRESS CITY-ST-ZIP WESLEY CHAPEL FL 33543 CITY-ST-ZIP Addition 🔲 7172 F Delete ☐ Change DV TITLE MAARE MARSELLA, PATRICE H NAME STREET ADDRESS STREET AUDRESS 30141 SR 54 CITY-ST-ZIP CUTY-ST-70P WESLEY CHAPEL FL 33543 TITLE ☐ Delete mie ☐ Change ☐ Addition MAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CSTY - ST- ZIP DILE Delete TITLE ☐ Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIFLE Change ☐ Addition NAME MAME STREET & ADDRESS STREET ADDRESS CITY-ST-IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 118, 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

ANTONIO R MARSELLA PRES. 2-06-06

**FILED**