

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 682915

1. Entity Name
POMPAÑO MASONRY CORPORATION



FILED

05 FEB 21 AM 11: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02172005 Chg-P CR2E034 (10/03)

Principal Place of Business
880 SO. ANDREWS AVENUE
POMPAÑO BCH, FL 33069

Mailing Address
880 SO. ANDREWS AVENUE
POMPAÑO BCH, FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2277757

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANASTASI, JOSEPH S
880 SO. ANDREWS AVENUE
POMPAÑO BEACH, FL 33069

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
BARREDO, RODOLFO
880 SO. ANDREWS AVENUE
POMPAÑO BCH, FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CLECK, EDWARD
880 SO. ANDREWS AVENUE
POMPAÑO BEACH, FLORIDA 33069 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANASTASI, CONCETTA
880 SOUTH ANDREWS AVE
POMPAÑO BEACH, FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CANITANO, JOSEPH
880 SO. ANDREWS AVENUE
POMPAÑO BEACH, FLORIDA 33069 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
ANASTASI, JOSEPH S
880 SO. ANDREWS AVENUE
POMPAÑO BCH, FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPC
ANASTASI, JOSEPH S.
880 SO. ANDREWS AVENUE
POMPAÑO BEACH, FLORIDA 33069 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHEA, ETHAN
880 SOUTH ANDREWS AVE
POMPAÑO BEACH, FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
VALDINI, GENE
880 SO. ANDREWS AVENUE
POMPAÑO BEACH, FLORIDA 33069 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POGGI, HORACIO
880 SOUTH ANDREWS AVE
POMPAÑO BEACH, FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100047502521
03/01/05--01039--021 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KREGAS, BETTY-JEAN
880 SOUTH ANDREWS AVE
POMPAÑO BEACH, FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Betty Jean Kregas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05
Date

954-946-3033
Daytime Phone #

2/25/05