


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 834889
 1. Entity Name
PITTSFIELD CONSTRUCTION, INC.



Principal Place of Business Mailing Address
550 THERESA BLVD **550 THERESA BLVD**
PORT CHARLOTTE, FL 33954 US **PORT CHARLOTTE, FL 33954 US**

DO NOT WRITE IN THIS SPACE



07122007 No Chg-P CR2E034 (11/05)

4. FEI Number 25-1029630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGRAW, ERNEST
447 SHERBROOK COURT
VENICE, FL 34293

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	JOHNSON, LOIS G
STREET ADDRESS	1218 RIDING ROCK LANE 2A
CITY-ST-ZIP	PUNTA GORDA, FL 00000,
TITLE	ST
NAME	MCGRAW, ALICE
STREET ADDRESS	30 7TH ST
CITY-ST-ZIP	YOUNGSVILLE, PA 00000,
TITLE	P
NAME	MCGRAW, ERNEST
STREET ADDRESS	447 SHERBROOK CT
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 07/20/07-80003-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  07-13-07 941-629-4272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #