


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F92000000245 1. Entity Name LEON D. DEMATTEIS CONSTRUCTION CORPORATION	
---	---

Principal Place of Business 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634-5239	Mailing Address 820 ELMONT RD ELMONT, NY 11003 US
---	---



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-1738946	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HOCHMAN, ALAN R 7101 S.W 102ND AVENUE MIAMI, FL 33173
--

**DO NOT WRITE IN THIS SPACE**

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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEMATTEIS, RICHARD F 820 ELMONT ROAD ELMONT, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEMATTEIS, SCOTT L 820 ELMONT ROAD ELMONT, NY 11003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIMEO, ALFONSO A 820 ELMONT RD ELMONT, NY 11003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>REDACTED</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

1000000405065  
02/07/06-80026-002 158.75

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: [Signature] President 1/24/06 516-285-5500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #