


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 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**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

**HOCHMAN, ALAN R  
 7101 S.W 102ND AVENUE  
 MIAMI, FL 33173**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	ST MEZICK, STEVEN D 820 ELMONT ROAD ELMONT, NY 11003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/15/08-80023-014-158.75

**DO NOT WRITE IN THIS SPACE**

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: Steven D Mezik Steven D. Mezik, Treasurer 1/4/08 516. 285.5500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #