

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # G72767

1. Entity Name
J.C. & SONS MASONRY, INC.



Principal Place of Business
**1218 SE 9TH TERR
CAPE CORAL, FL 33990**

Mailing Address
**1218 SE 9TH TERR
CAPE CORAL, FL 33990**



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2344345** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRISTANTIELLO, JAMES
1131 S.W. 21 ST. TERR
CAPE CORAL, FL 33991**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000273035
03/23/05-80010-014 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CRISTANTIELLO, JAMES**
STREET ADDRESS **1131 S.W. 21ST TER.**
CITY-ST-ZIP **CAPE CORAL, FL**

TITLE **VP**
NAME **CRISTANTIELLO, STEPHAN**
STREET ADDRESS **1131 SW 21ST TERRACE**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **S**
NAME **CRISTANTIELLO, MICHELLE**
STREET ADDRESS **2926 SE 1ST AVE.**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: James Cristantiello **JAMES CRISTANTIELLO** 3/18/05 239 547 7114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #