## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H09387

Address:

City-St-Zip:

4165 MORENO DRIVE

PALM HARBOR, FL 34685

FILED Aug 06, 2008 Secretary of State

Entity Nan	ne: COSTAI	NZA BUILDING COMPANY			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2049 WELF TRINITY, F		US	2338 US HWY 19 SUITE 200 HOLIDAY, FL 34691	US	
Current M	ailing Addre	ess:	New Mailing Address	New Mailing Address:	
2049 WELF TRINITY, F	BILT BLVD. EL 34655	US	2338 US HWY 19 SUITE 200 HOLIDAY, FL 34691	US	
FEI Number:	59-2416806	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
COSTANZA, JR., PETER E V.P. 2049 WELBILT BLVD. TRINITY, FL 34655 US			2338 US HWY 19 SUITE 200		
The above in the State		submits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:			08/06/2008	
	Electro	onic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COSTANZA, È 1327 DAWSB		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( COSTANZA, J 1515 STURBF DUNEDIN, FL	RIDGE CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VPST ( COSTANZA, J	) Delete R, PETER E	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PETER E COSTANZA **VPST** 08/06/2008