## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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**DOCUMENT # H10806** 

BOCA RATON, FL 33486

TITLE

NAME STREET ADDRESS

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CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

R.D.L. CONSTRUCTION CORPORATION

## **FILED** May 03, 2005 8:00 am Secretary of State

05-03-2005 90151 003 \*\*\*150.00

N.D.L. GC	DINSTRUCTION CORPORA	HON					
Principal Place of Business 1601 S.W. 1ST WAY D-12 DEERFIELD BCH., FL 33441		Mailing Address 1601 SW 1ST WAY D-12 DEERFIELD BEACH, FL 33441 US		4 (10/06) 6101 (10) ( 60/01)	20054698 		
2. Principal Place of Business 3		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262005 Chg	g-P CR2E034	4 (10/03)	
City & State		City & State		4. FEI Number 59-2433279		Applied For	
Zip	Country	Zip	Country	5. Certificate of Status		8.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address	7. Name and Address of New Registered Agent		
1601 SW 1 D-12	ROBERT J IST WAY .D BEACH, FL 33441		Street Ad	dress (P.O. Box Number is Not A	Acceptable)		
4. <b>.</b>			City		FL Zip Code		
the obligat	named entity submits this statement for ions of registered agent.  Sonatrue, typed or preted name of registered agent.  E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	and tale & applicable. (NOTE:	Registered Agent signatur	e required when renstaing)  \$5.00 May Be Added to Fees	State of Florida. I am fai	niliar with, and accep	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASULA, ROBERT L. 1967 SW 7TH COURT BOCA RATON, FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Masula Rober 1601 S.W. 154 ( DEEKFIELO BE	RT JOSEPH WAY P-12	Change Additio	
NAME STREET ADDRESS CITY-ST-ZIP	D MASULA, STEPHANIE 1967 SW 7TH COURT BOCA RATON, FL 33486	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			Change Additio	
TITLE NAME STREET ADDRESS	D MASULA, DUSTIN H 1967 SW 7TH CT	Delcte	TITLE NAME STREET ADDRESS		(	Change Additio	

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.

CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME

SIGNATURE:

SIGNATURE AND TYPED OPPRINTED NAME OF SKINING OFFICER OR DIRECTOR

ROBERT J. MAJULA

4-55-05

Date

429-1417

Change

Change

☐ Change

☐ Addition

☐ Addition

Addition

Devime Phone #