

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # H43321	
1. Entity Name NIAGARA CONTRACTING SERVICE, INC.	
Principal Place of Business % GARY CASTIGLIONE 3065 C. ROAD LOXAHATCHEE, FL 33470	Mailing Address % GARY CASTIGLIONE 3065 C. ROAD LOXAHATCHEE, FL 33470



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2696418	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent CASTIGLIONE, GARY 3065 C. ROAD LOXAHATCHEE, FL 33470	DO NOT WRITE IN THIS SPACE
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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 _____
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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVT CASTIGLIONE, GARY 3065 C. ROAD LOXAHATCHEE, FL 33470
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04/16/05-80056-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gary Castiglione* **GARY CASTIGLIONE** **4/13/05** **798-1472**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #