

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # H90183

**1. Entity Name
DALLAS 1 CONSTRUCTION & DEVELOPMENT, INC.**



**Principal Place of Business
10328 MAIN ST
THONOTOSASSA, FL 33592 US**

**Mailing Address
PO BOX 249
THONOTOSASSA, FL 33592 US**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-2610376** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AZZARELLI, BARTLE J III
10328 MAIN STREET
THONOTOSASSA, FL 33592**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AZZARELLI, BART JR.
STREET ADDRESS	6320 112TH AVE.
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	ASD
NAME	AZZARELLI, CYNDI
STREET ADDRESS	10636 GRAND RIVIERE DR.
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	EISCH, TED
STREET ADDRESS	5601 GULF OF MEXICO DRIVE #5
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	STD
NAME	AZZARELLI, JAN
STREET ADDRESS	6320 112TH AVE.
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	VPD
NAME	BARTLE J AZZARELLI, III
STREET ADDRESS	10636 GRAND RIVIERE DR.
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	VPAS
NAME	LANCASTER, PAUL
STREET ADDRESS	508 PINEWALK DRIVE
CITY-ST-ZIP	BRANDON, FL 33510

UN00000405751
02/07/06-80053-007 158.75

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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:

Bartle J. Azzarelli, III **BARTLE J. Azzarelli, III**

1/4/06

813-986-1922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #