---2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Aug 12, 2004 8:00 am Secretary of State DOCUMENT # K05393 1. Entity Name 08-12-2004 90003 016 ***550 00 CANNESTRA CEMENT CONTRACTORS, INC. Principal Place of Business Mailing Address 5019 SANDS BLVD CAPE CORAL FL 33914 US %CATLLEE CANNESTRA 118 SE 8TH PLACE CAPE CORAL FL 33990 CCUCOUPL 2. Principal Place of Business 5019 SAND Suite, Apt. #, etc MOORE CR2E034 (4/04) 4. FEI Number Applied For 65-0025929 Not Applicable Country A. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANNESTRA, CATHLEE Street Address (P.O. Box Number is Not Acceptable) 5019 SANDS BLVD CAPE CORAL FL 33914 Zip Code 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 \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 CANNESTRA Change DP TITLE Delete TITLE CANNESTRA, CATHLEE NAME NAME 5019 SANDS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-78P Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 atkother like empowered.

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Hachment 54068035 # K05393

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