


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90056 030 ***150.00

DOCUMENT # L02994 1. Entity Name BOLOGNESE CONSTRUCTION SERVICE, INC.					
Principal Place of Business 10915 BONITA BEACH RD SUITE #1121 BONITA SPRINGS, FL 34135 US			Mailing Address 10915 BONITA BEACH RD SUITE #1121 BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business 10951 Harmony Park Dr. Suite, Apt. #, etc.		3. Mailing Address 10951 Harmony Park Dr. Suite, Apt. #, etc.			
City & State Bonita Springs, FL. Zip 34135 Country US		City & State Bonita Springs, FL. Zip 34135 Country US		4. FEI Number 65-0129731	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOLOGNESE, DANIEL J. 27360 RICHVIEW CT BONITA SPRINGS, FL 34133					
7. Name and Address of New Registered Agent Name Bolognese, Daniel J. Street Address (P.O. Box Number is Not Acceptable) 27360 Richview Ct. City Bonita Springs FL Zip Code 34135					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLOGNESE, DANIEL J 27360 RICHVIEW CT BONITA SPRINGS, FL 34133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Bolognese, Daniel J. 27360 Richview Ct. Bonita Springs, FL. 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, or all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					Date _____ Daytime Phone # (239) 944-1551

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