

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

INV. # 0101058

4/15

POSTED TO FILED

124500  
Apr 18, 2005 08:00 AM  
Governmental Fees  
Secretary of State

DOCUMENT # L34956

1. Entity Name  
CITIVEST CONSTRUCTION CORP.



Principal Place of Business

3014 WEST PALMIRA AVE  
300  
TAMPA, FL 33629 US

Mailing Address

3014 WEST PALMIRA AVE  
300  
TAMPA, FL 33629 US

**DO NOT WRITE IN THIS SPACE**

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
58-1873573

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GRANDOFF, JOHN B III  
101 EAST KENNEDY BOULEVARD  
SUITE 3700  
TAMPA, FL 33602-0000

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

UN00000311988  
04/18/05-80064-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS ROBINSON, W.R. 3014 WEST PALMIRA AVE 300 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS ROBINSON, W.R. 3014 WEST PALMIRA AVE STE 300 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

*William Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05  
Date

Daytime Phone #