2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED 4/6
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L34956

1. Entity Name
CITIVEST CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
3014 WEST PALMIRA AVE 300 TAMPA, FL 33629 US	3014 WEST PALMIRA AVE 300 TAMPA, FL 33629 US

02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be $550.00

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

000000707606
04/24/07-80079-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	ROBINSON, W.R.
STREET ADDRESS	3014 WEST PALMIRA AVE 300
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	DPS
NAME	ROBINSON, W.R.
STREET ADDRESS	3014 WEST PALMIRA AVE STE 300
CITY-ST-ZIP	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 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: X _____ 4/13/07 813-831-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #