

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L62862

1. Entity Name
INTRASTATE CONSTRUCTION CORPORATION



Principal Place of Business

8488 STATE RD 84
DAVIE, FL 33324 US

Mailing Address

8488 STATE RD 84
DAVIE, FL 33324 US

DO NOT WRITE IN THIS SPACE



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0361143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

BISOGNO, LISA
8488 STATE RD 84
FORT LAUDERDALE, FL 33324

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BISOGNO, LISA
STREET ADDRESS	2001 N.E. 32ND AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	VS
NAME	BISOGNO, PETER
STREET ADDRESS	2001 N.E. 32ND AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/05/05-80017-024 150.00

**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:

Lisa Bisogno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-05

954 472-1377