## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT # M65906** 

changed, or on an attachment with an address,

SIGNATURE:

## Apr 28, 2005 08:00 AM Secretary of State CAGNI CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 1230 SOUTH MYRTLE AVE PO BOX 1045 SUITE 405 CLEARWATER, FL 33757 US CLEARWATER, FL 33756 03082005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2868892 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAGNI, MARK DO NOT WRITE 144 DEVON DRIVE CLEARWATER, FL 33767 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 \_\_\_\_\_\_\_\_Sgnature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PD CAGNI, MARK E. NAME STREET ADDRESS 144 DEVON DR. CITY-ST-ZIP CLEARWATER BCH., FL TITLE NAME CAGNI, DIANE 144 DEVON DR. STREET ADDRESS U00000338586 04/28/05-8004/-UUS 150.00 CLEARWATER BCH., FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Mark Cagni

with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

727-442-4037