2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M65906

1. Entity Name
CAGNI CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
1230 SOUTH MYRTLE AVE SUITE 405 CLEARWATER, FL 33756 US	PO BOX 1045 CLEARWATER, FL 33757 US

DO NOT WRITE IN THIS SPACE

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03242008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2868892		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CAGNI, MARK
144 DEVON DRIVE
CLEARWATER, FL 33767

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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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAGNI, MARK E.
STREET ADDRESS	144 DEVON DR.
CITY-ST-ZIP	CLEARWATER BCH., FL
TITLE	S
NAME	CAGNI, DIANE
STREET ADDRESS	144 DEVON DR.
CITY-ST-ZIP	CLEARWATER BCH., FL
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	

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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: _____ Mark Cagni   4-29-08   727-442-4037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #