

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90123 001 ***150.00

DOCUMENT # M89230

1. Entity Name
**JOSEPH CONSTRUCTION COMPANY OF MARCO
ISLAND**



Principal Place of Business
**P.O. BOX 109
MARCO ISLAND, FL 33969-0109**

Mailing Address
**P.O. BOX 109
MARCO ISLAND, FL 33969-0109**

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0108244

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DELADA, JOSEPH A
280 SOUTH COLLIER BLVD
MARCO ISLAND, FL 33937**

**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**

10. — OFFICERS AND DIRECTORS

TITLE	P
NAME	DELAPA, JOSEPH A
STREET ADDRESS	66 OAK ST., BOX 244
CITY-ST-ZIP	WESTWOOD, MA
TITLE	T
NAME	DELAPA, JOANNE C
STREET ADDRESS	66 OAK ST., BOX 244
CITY-ST-ZIP	WESTWOOD, MA
TITLE	V
NAME	DELAPA, ANTHONY
STREET ADDRESS	66 OAK ST., BOX 244
CITY-ST-ZIP	WESTWOOD, MA
TITLE	V
NAME	DELAPA, JOHN A
STREET ADDRESS	66 OAK STREET BOX 244
CITY-ST-ZIP	WESTWOOD, MA 02090
TITLE	S
NAME	SITEMAN, JANINE E
STREET ADDRESS	19 DALMAR CIR
CITY-ST-ZIP	SOUTH WALPOLE, MA 02071
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/05

781-769-3384