

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M89230 1. Entity Name JOSEPH CONSTRUCTION COMPANY OF MARCO ISLAND	
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Principal Place of Business P.O. BOX 109 MARCO ISLAND, FL 33969-0109	Mailing Address P.O. BOX 109 MARCO ISLAND, FL 33969-0109
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DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

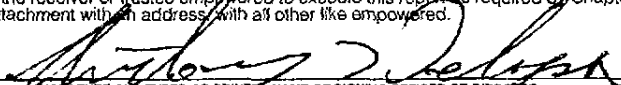
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELAPA, JOSEPH A 66 OAK ST., BOX 244 WESTWOOD, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELAPA, JOANNE C 66 OAK ST., BOX 244 WESTWOOD, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELAPA, ANTHONY 66 OAK ST., BOX 244 WESTWOOD, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELAPA, JOHN A 66 OAK STREET BOX 244 WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SITEMAN, JANINE E 19 DALMAR CIR SOUTH WALPOLE, MA 02071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/13/06-80100-004 150.00

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **4-26-06 781-769-3384**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #