

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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**



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0108244	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P DELAPA, JOSEPH A 25 ROCKLAND ST. #11 WEST ROXBURY, MA 02132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELAPA, JOANNE C 193 BAY COLONY DRIVE WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELAPA, ANTHONY 193 BAY COLONY DRIVE WESTWOOD, MA 02090
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 DELAPA CIRCLE SOUTH WALPOLE, MA 02071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000929228
05/21/08-80060-023 150.00

**DO NOT WRITE
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08 **781-769-3384**
Date Daytime Phone #