2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000116069

1. Entity Name

BISSINO CONSTRUCTION COMPANY, INC.



FILED
Jan 10, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

13017 SANTEE STREET SPRING HILL, FL 34609 13017 SANTEE STREET SPRING HILL, FL 34609



DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3691097 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICCINICH, NICHOLAS S JR 13017 SANTEE STREET SPRING HILL, FL 34609

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8. The above the obligat	named entity submits this statement for the pations of registered agent.	urpose of chan	nging its registered of	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title in	applicable.	(NOTE: Registered Ag	ent signature	required when reinstaling)	DATE
	E NOW!!! FEE 18 \$150.00 ay 1, 2006 Fee will be \$550.00		Campaign Financin nd Contribution.)g	\$5.00 May Be Added to Fees	·
10.	OFFICERS AND DIREC	TORS				!
TITLE NAME STREET ADDRESS City-St-Zip	P PICCINICH, NICHOLAS S JR 13017 SANTEE STREET SPRING HILL, FL 34609					··· ·· ··
TITLE NAME STREET ADDRESS CITY-ST-ZIP						1100000381363 01/11/06-80051-007 158.75
TITLE NAME STREET ADDRESS						

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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 cath; 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.

SIGN	ΔΤΙ	IRF.

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BORNING OFFICER OR DIRECTOR

1-6-06

352-684-1141

Daysime Phone #