

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000011366

1. Entity Name
CASTANZA CONTRACTING, INC.



Principal Place of Business
1120 FIRST AVENUE NORTH
SAFETY HARBOR, FL 34695

Mailing Address
1120 FIRST AVENUE NORTH
SAFETY HARBOR, FL 34695



06072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3693898
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTANZA, CHARLES F
1120 FIRST AVENUE NORTH
SAFETY HARBOR, FL 34695

**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 _____
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME CASTANZA, CHARLES F
STREET ADDRESS 1120 FIRST AVENUE NORTH
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: Charles F. Castanza 6-7-07 727-265-7863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone