

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90047 007 ***150.00

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1. Entity Name
DIROCCO CONSTRUCTION CO., INC.



Principal Place of Business
**657 8TH COURT
VERO BEACH, FL 32962**

Mailing Address
**657 8TH COURT
VERO BEACH, FL 32962**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1012930

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIROCCO, FREDERICK
657 8TH COURT
VERO BEACH, FL 32962**

**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	TREA
NAME	DIROCCO, FREDERICK
STREET ADDRESS	657 8TH COURT
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	PS
NAME	DIROCCO, MARIA N
STREET ADDRESS	657 8TH COURT
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	VP
NAME	DIROCCO, FRED
STREET ADDRESS	657 8TH COURT
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 #

1/10/05 770-299-4584