

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086188

FILED
Aug 24, 2004
Secretary of State

Entity Name: LACIVITA CONSTRUCTION, INC.

Current Principal Place of Business:

124 CABELL DR.
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1157
PORT ST. JOE, FL 32456

New Mailing Address:

FEI Number: 04-3695526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIMITRIJEVICH, PETE
133 PARKSIDE CIRCLE
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LACIVITA, KEVIN
Address: P.O. BOX 1157
City-St-Zip: PORT ST. JOE, FL 32456

Title: VP () Delete
Name: DIMITRIJEVICH, PETE
Address: 133 PARKSIDE CIRCLE
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN LACIVITA

D

08/24/2004

Electronic Signature of Signing Officer or Director

Date