2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000092842

1. Entity Name

JOHN AGNELLI CONSTRUCTION, INC.



FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

6000 MARINA DR. SUITE 107 HOLMES BEACH, FL 34217 6000 MARINA DR. SUITE 107 HOLMES BEACH, FL 34217



02062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1133193 Applied For Not Applicable

5. Certificate of Status Desired

X \$8

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IZZO, JOHN P 180 NO. INDIANA AVE ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE

				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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGNELLI, JOHN 7800 18TH AVE WEST BRADENTON. FL 34209				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGNELLI, FRANK 1208 73RD ST NW BRADENTON, FL 34209				000000679990 04/03/07-80060-013 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***************************************				
TITLE NAME STREET ANDRESS					

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 logal effect as if made under eath; that I am an efficer 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

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE

3/22/07

941-737-492

Date

Daytme Phone #