


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000108881 1. Entity Name PAUL J. DEL VECCHIO CONSTRUCTION CONSULTANTS, INC.	
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Principal Place of Business 21218 ST ANDREWS BLVD 204 BOCA RATON, FL 33433-2449	Mailing Address 21218 ST ANDREWS BLVD 204 BOCA RATON, FL 33433-2449
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05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1158652	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEL VECCHIO, PAUL J 21218 ST ANDREWS BLVD 204 BOCA RATON, FL 33433-2449	DO NOT WRITE IN THIS SPACE
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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 resetting) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	P DEL VECCHIO, PAUL J 21218 ST ANDREWS BLVD #204 BOCA RATON, FL 334332499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEL VECCHIO, JACQUELINE 21218 ST ANDREWS BLVD #204 BOCA RATON, FL 334332449
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09/10/04-80004-003 158.75

**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

Paul J. DelVecchio
President 09/07/2004 561-995-7244

Date Daytime Phone #