

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-18-2005 90581 042 ***150.00

DOCUMENT # P02000127299

1. Entity Name
CONSTANTIA, INC.



Principal Place of Business
**8251 S W 6 COURT
N LAUDERDALE, FL 33068**

Mailing Address
**8251 S W 6 COURT
N LAUDERDALE, FL 33068**

40001100



DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1165902

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HUTCHINSON, DONALD
8251 SW 6TH COURT
LAUDERDALE, FL 33068**

**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	VD
NAME	HUTCHINSON, WINSTON
STREET ADDRESS	7921 RAMONA ST
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	M
NAME	PUSEY, LANCELOTT
STREET ADDRESS	1 CROMER CLOSE
CITY-ST-ZIP	UXBRIDGE MIDDLESEX, UB83DA EN,
TITLE	M
NAME	WRAY, MYRTLE
STREET ADDRESS	80 A HALFORD RD.
CITY-ST-ZIP	IKENHAM MIDDLESEX MR 108GA,
TITLE	PMDS
NAME	HUTCHINSON, DONALD
STREET ADDRESS	8251 SW 6 COURT
CITY-ST-ZIP	N. LAUDERDALE, FL 33068
TITLE	M
NAME	ANTHONY WRAY, NICHOLAS
STREET ADDRESS	21 BARRINGTON AVE.
CITY-ST-ZIP	HAREGIELD, MIDDLESEX, ha4 oub
TITLE	M
NAME	MONICA HOPE, SHARON
STREET ADDRESS	28 BIDEFORD RD.
CITY-ST-ZIP	SOUTH RUIS, MIDDLESEX, ha4 oub

**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

4/15/05


Date

954 263 6617

Daytime Phone #

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P02000127299					
1. Entity Name CONSTANTIA, INC.					
Principal Place of Business 8251 S W 6 COURT N LAUDERDALE, FL 33068			Mailing Address 8251 S W 6 COURT N LAUDERDALE, FL 33068		
2. Principal Place of Business <i>1218 Rose Gate Blvd</i>			3. Mailing Address <i>[REDACTED]</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Riviera Beach FL</i>			City & State		
Zip <i>33404</i>		Country <i>Mt Beach</i>		4. FEI Number 65-1165902	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HUTCHINSON, DONALD 8251 SW 6TH COURT LAUDERDALE, FL 33068			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUTCHINSON, WINSTON 7921 RAMONA ST MIRAMAR, FL 33023 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M PUSEY, LANCELOTT 1 CROMER CLOSE UXBRIDGE MIDDLESEX, UB83DA EN, <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M WRAY, MYRTLE 80 A HALFORD RD. IKENHAM MIDDLESEX MR 108GA, <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PMDS HUTCHINSON, DONALD 8251 SW 6 COURT N. LAUDERALE, FL 33068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M ANTHONY WRAY, NICHOLAS 21 BARRINGTON AVE. HAREGIELD, MIDDLESEX, ha4 oub <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M MONICA HOPE, SHARON 28 BIDEFORD RD. SOUTH RUIS, MIDDLESEX, ha4 oub <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <i>[Signature]</i>			Date: <i>3/28/05</i> 954 2636617		
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)			Daytime Phone #		