


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P02646 1. Entity Name WARREN CONTRACTORS OF PINELLAS, INC.	
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Principal Place of Business 30 N. RING AVENUE, #300 TARAPON SPRINGS, FL 34689	Mailing Address 30 N. RING AVENUE, #300 TARAPON SPRINGS, FL 34689
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DO NOT WRITE IN THIS SPACE



08302004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-1900469	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARLESIMO, ONORIO 30 N. RING AVENUE, #300 TARAPON SPRINGS, FL 34689	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLESIMO, ONORIO 30 N. RING AVENUE, #300 TARAPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARLESIMO, ANTONIO 30 N. RING AVENUE, #300 TARAPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CERULLO, SALVATORE 30 N. RING AVENUE, #300 TARAPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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09/01/04-80001-009 158.75

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:  ONORIO CARLESIMO PRES 8-30-04 727-945-0966	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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