

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000039022

1. Entity Name
MANFREDI CONSTRUCTION, INC.



Principal Place of Business
1746 SW BILTMORE STREET
PORT ST. LUCIE, FL 34984

Mailing Address
1746 SW BILTMORE STREET
PORT ST. LUCIE, FL 34984



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
61-1449317

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MANFREDI, ANTHONY F
7367 PINELAKE BLVD
PORT SAINT LUCIE, FL 34952

**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 P
NAME MANFREDI, ANTHONY F
STREET ADDRESS POST OFFICE BOX 881184
CITY-ST-ZIP PORT ST. LUCIE, FL 349881184

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CITY-ST-ZIP

1100000275582
03/25/05-80006-009 158.75

**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)(f), 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 roles like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-05 772 344 4545

Date

Daytime Phone #