

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90300 014 ***158.75

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

50011663



2. Principal Place of Business
17146 Sw Biltmore St.
Suite, Apt. #, etc.

3. Mailing Address
17146 Sw Biltmore St.
Suite, Apt. #, etc.

04062006 Chg-P CR2E034 (11/05)

City & State
Port Saint Lucie FL
Zip 34984 Country USA

4. FEI Number
61-1449317
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
1981 SE Carvalho Street
City Port Saint Lucie FL Zip Code 34983

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P MANFREDI, ANTHONY F ☐ Delete
STREET ADDRESS POST OFFICE BOX 881184
CITY- ST- ZIP PORT ST. LUCIE, FL 349861184

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1981 SE Carvalho Street
CITY- ST- ZIP Port Saint Lucie, FL 34983

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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 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

Date (772) 344-4545
Daytime Phone #