

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # P03000047468

1. Entity Name
DISTINCTIVE CONSTRUCTION, INC.



Principal Place of Business
**3910 DOMESTIC AVENUE
NAPLES, FL 34104**

Mailing Address
**3910 DOMESTIC AVENUE
NAPLES, FL 34104**



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2228838	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PASCAIE, MICHAEL
3910 DOMESTIC AVE.
NAPLES, FL 34104**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000875422
04/11/08-80033-005 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASCALE, WILLIAM 3910 DOMESTIC AVENUE NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PASCALE, MICHAEL 3910 DOMESTIC AVENUE NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PASCALE, GREGORY 3910 DOMESTIC AVENUE NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PASCALE, CHRISTOPHER 3910 DOMESTIC AVE. NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

Bill Pascale, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B-26-08