

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000053149

1. Entity Name
FLORIDA CONSTRUCTION SUPPLY, INC.



**FILED
May 05, 2008 8:00 am
Secretary of State**

05-05-2008 90231 029 ***150.00

Principal Place of Business
9113 W. HILLSBOROUGH AVENUE
TAMPA, FL 33615

Mailing Address
16528 N. DALEMABRY HWY
TAMPA, FL 33618

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222008 Chg-P CR2E034 (12/06)

4. FEI Number
41-2096390

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERS, WALTER
16528 N. DALE MABRY HWY
TAMPA, FL 33618

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:

Walter Sanders (Signature, typed or printed name of registered agent and title if applicable)

Walter Sanders (NOTE: Registered Agent signature required when remitting)

DATE

4/30/08

**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

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: CORSO, JOHN
STREET ADDRESS: 9113 W. HILLSBOROUGH AVENUE
CITY-ST-ZIP: TAMPA, FL 33615

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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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: *John Corso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Corso

4/30/08 877-688-4422
Date Daytime Phone #