

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000082524

1. Entity Name
MIKE BRITTO CONTRACTING AND RESTORATION INC.



Principal Place of Business
**481 27TH ST SW
NAPLES, FL 34117**

Mailing Address
**P.O. BOX 10788
NAPLES, FL 34101**



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0194011

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

**BRITTO, MICHAEL K
481 27TH STREET SW
NAPLES, FL 34117**

**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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BRITTO, MICHAEL K**
STREET ADDRESS **481 27TH STREET SW**
CITY-ST-ZIP **NAPLES, FL 34117**

TITLE **VP**
NAME **LEEDAN, FRANCES S**
STREET ADDRESS **481 27TH STREET SW**
CITY-ST-ZIP **NAPLES, FL 34117**

TITLE
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IN THIS SPACE**

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02/06/08-30055-015 150.00

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:

Mike Britto **Mike Britto**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/08

Daytime Phone #