2005 FOR PROFIT CORPORATION ANNUAL REPORT

[redacted]

01-27-2005 90042 046 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01042005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000112705

1. Entity Name
MANUEL COUTO CONSTRUCTION INC.

Principal Place of Business	Mailing Address
812 LINNAEN TERR PORT CHARLOTTE, FL 33948 US	812 LINNAEN TERR PORT CHARLOTTE, FL 33948 US

2. Principal Place of Business	3. Mailing Address
24421 Tangelo Ave	24421 Tangelo Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33980 Country: US	Zip: 33980 Country: US

4. FEI Number: 20-0300058 ☐ 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
COUTO, MANUEL 812 LINNAEN TERR PORT CHARLOTTE, FL 33948	Name: Street Address (P.O. Box Number is Not Acceptable): 24421 Tangelo Ave City: Port Charlotte FL Zip Code: 33980

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT COUTO, MANUEL 812 LINNAEN TERR PORT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 24421 Tangelo Ave Port Charlotte, FL 33980
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS COUTO, SANDRA 812 LINNAEN TERR PORT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 24421 Tangelo Ave Port Charlotte, FL 33980
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Manuel Couto 1/19/05 9416298295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #