## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P03000112705

1. Entity Name

MANUEL COUTO CONSTRUCTION INC.



Principal Place of Business

Mailing Address

24421 TANGELO AVE

PORT CHARLOTTE, FL 33980 US

24421 TANGELO AVE PORT CHARLOTTE, FL 33980

US

FILED Jan 19, 2007 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

01162007 No Chg-P CR2E034 (11/05)

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

COUTO, MANUEL 24421 TANGELO AVE PORT CHARLOTTE, FL 33980

## 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.	

Signsture, typed or printed name of registered agent and site if applicable

SIGNATURE.

(NOTE: megistered Ag

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

> 000000532327 01/19/07-80059-008 150.00

#### 10. OFFICERS AND DIRECTORS DPT COUTO, MANUEL MALIF STREET ADDRESS 24421 TANGELO AVE CITY-ST-ZIP PORT CHARLOTTE, FL 33980 DVPS TITLE COUTO, SANDRA NAME STREET ADDRESS 24421 TANGELO AVE CITY-ST-7IP PORT CHARLOTTE, FL 33980 IIILE NAME STREET ADDRESS CITY-ST-ZIP THIE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

# 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 eath; 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:** 

EGNATURE AND TYPED OR POPULED NAME OF STORING OFFICER OR OPENING

1-16-07 941626

Daytime Phone #