


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**


01-29-2008 90025 030 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P03000119208</b>                                |  |
| 1. Entity Name<br><b>CASABLANCA CONTRACTORS COMPANY, INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>2253 CENTRAL AVENUE<br/>SAINT PETERSBURG, FL 33713</b> | Mailing Address<br><b>2253 CENTRAL AVENUE<br/>SAINT PETERSBURG, FL 33713</b> |
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|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>341 3rd Street S.</b> | 3. Mailing Address<br><b>341 3rd Street S.</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                            |

|   |   |
|---|---|
| City & State<br><b>St. Petersburg, FL</b> | City & State<br><b>St. Petersburg, FL</b> |
| Zip<br><b>33701</b>                       | Zip<br><b>33701</b>                       |
| Country<br><b>U.S.A.</b>                  | Country<br><b>U.S.A.</b>                  |

|   |  |
|---|--|
|               |  |
| 01242008  | Chg-P CR2E034 (12/06)                                  |
| 4. FEI Number<br><b>20-0376365</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>HAJEK, MICHAEL W III<br/>5308 CENTRAL AVENUE<br/>ST. PETERSBURG, FL 33707</b>  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P<br/>VILLARI, JOSEPH<br/>2253 CENTRAL AVENUE<br/>SAINT PETERSBURG, FL 33713</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>P<br/>Villari, Joseph<br/>341 3rd Street S.<br/>St. Petersburg, FL 33701</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>V<br/>VILLARI, MARCO<br/>2253 CENTRAL AVENUE<br/>SAINT PETERSBURG, FL 33713</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>V<br/>Villari, Marco<br/>341 3rd Street S.<br/>St. Petersburg, FL 33701</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:** Joseph Villari **1/25/08** **727-822-0038**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #