


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90048 050 ***150.00

| | |
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| DOCUMENT # P03000120053 |  |
| 1. Entity Name DERAMO CONSTRUCTION, INC. | |

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| Principal Place of Business 11825 XAVIER AVE. PORT CHARLOTTE, FL 33981 | Mailing Address 11825 XAVIER AVE. PORT CHARLOTTE, FL 33981 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

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|-------------------------|---------|-------------------------|---------|
| City & State Zip | Country | City & State Zip | Country |
|-------------------------|---------|-------------------------|---------|

40073575



03142007 Chg-P CR2E034 (12/06)

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|---|--|
| 4. FEI Number 20-0375154 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DERAMO, CHRISTOPHER 11825 XAVIER AVE. PORT CHARLOTTE, FL 33981 | 7. Name and Address of New Registered Agent Name Christopher Deramo Street Address (P.O. Box Number is Not Acceptable) 11018 McFadden Ave City Englewood FL Zip Code 34224 |
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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, 2007 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 | PD DERAMO, CHRISTOPHER 11825 XAVIER AVE. PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Deramo, Christopher 11018 McFadden Ave. Englewood, FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DERAMO, ANN 11825 XAVIER AVE. PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Deramo, Ann 11018 McFadden Ave. Englewood, FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

Date

941-270-1891

Daytime Phone #