

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

04-17-2006 90353 030 ***150.00

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1. Entity Name
C-SQUARED CERTIFIED GENERAL CONTRACTOR, INC.



Principal Place of Business
**9112 KINGSTON RD.
BRADENTON, FL 34210**

Mailing Address
**9112 KINGSTON RD.
BRADENTON, FL 34210**

66014940



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4268539

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

**ROBERTS, DON E
3212 SOUTH GATE CIRCLE
SARASOTA, FL 34239**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAGOSTINO, MICHAEL
STREET ADDRESS	9112 KINGSTON RD.
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	SEC
NAME	DAGOSTINO, SEAN
STREET ADDRESS	9112 KINGSTON RD.
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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:

Michael D'Agostino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06
Date

941-395-3092
Daytime Phone #