

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000041531

1. Entity Name
FRASCA CONSTRUCTION INC.



Principal Place of Business
1100 E OAKLAND PARK BLVD, STE 108
OAKLAND PARK, FL 33334

Mailing Address
1100 E OAKLAND PARK BLVD, STE 108
OAKLAND PARK, FL 33334

FILED
Apr 20, 2006 08:00 AM
Secretary of State



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number
75-3148078

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

FRASCA, ANTHONY
1100 E OAKLAND PARK BLVD, STE 108
OAKLAND PARK, FL 33334

**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

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
FRASCA, ANTHONY
1100 E OAKLAND PARK BLVD, STE 108
OAKLAND PARK, FL 33334

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
FRASCA, DONALD
1100 E OAKLAND PARK BLVD, STE 108
OAKLAND PARK, FL 33334

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

4-13-06