## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2005 8:00 am Secretary of State DOCUMENT # P04000057230 1ST RATE CONSTRUCTION, INC. 04-18-2005 90577 047 \*\*\*150 00 Principal Place of Business Mailing Address 34349 SUE DR. 34349 SUE DR. CUUJOJIJ ZEPHYRHILLS, FL 33543 ZEPHYRHILLS, FL 33543 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For *20-*09723 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THERESA, SOMMERS Street Address (P.O. Box Number is Not Acceptable) 5316 8TH ST ZEPHYRHILLS, FL 33542 City 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. meso Signature, typed or printed name of registered agent and little if applicat 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10.0. Delete $\mathrm{DRE}_{X^{k-1/2}}$ TITLE Change ☐ Addition NAME. NAPOLITANÓ, RICHARD J NAME STREET ADDRESS 34349 SUE DR. STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS, FL 33543 CITY-ST-ZIP TITLE, Delete ☐ Change ☐ Addition NAPOLITANO, RICHARD NAME NAME STREET ADDRESS 34349 SUE DR: STREET ADDRESS ZEPHYRHILLS, FL 33543 CITY\_ST\_7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

IGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/21/05 813-779-883

**FILED** 

Daytime Phone #