

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90017 036 \*\*\*163.75

**DOCUMENT # P04000136019**

**1. Entity Name**

**DOG PATCH CONSTRUCTION CORP.**



**Principal Place of Business**

**483 LAKE COMO DRIVE  
POMONA PARK FL 32181**

**Mailing Address**

**483 LAKE COMO DRIVE  
POMONA PARK FL 32181**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

**4. FEI Number**

**55-0884728**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MARTIN, PAUL S  
2134 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020**

Name

**Joseph Castranova**

Street Address (P.O. Box Number is Not Acceptable)

**483 Lake Como Drive**

**Pomona Park Florida,**

City

FL

Zip Code

**32181**

**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**

*Joseph Castranova Sec Tres Joseph Castranova Jan 30, 2006*

(NOTE: Registered Agent signature required when forgoing)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

**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	PD SFERLAZZA, SARA	<input type="checkbox"/> Delete
STREET ADDRESS	483 LAKE COMO DRIVE	
CITY - ST - ZIP	POMONA PARK FL 32181	
TITLE NAME	VD OSBORN, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS	483 LAKE COMO DRIVE	
CITY - ST - ZIP	POMONA PARK FL 32181	
TITLE NAME	STD CASTRANOVA, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	483 LAKE COMO DRIVE	
CITY - ST - ZIP	POMONA PARK FL 32181	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Castranova Sec Tres Joseph Castranova 1/30/06* **386-649-6980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #