


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90002 050 ***150.00

DOCUMENT # P04000141583	
1. Entity Name F. PALHANO CONSTRUCTION CORP.	

Principal Place of Business 10961 BURNT MILL ROAD #1531 JACKSONVILLE, FL 32256 US	Mailing Address 10915-109BAYMEADOWS ROAD PMB #157 JACKSONVILLE, FL 32256 US
--	--

40097701



2. Principal Place of Business 10695 Beach Blvd. Suite, Apt. #, etc. 5	3. Mailing Address 10695 Beach Blvd. Suite, Apt. #, etc. 5
---	---

06262006 Chg-P CR2E034 (11/05)

City & State Jacksonville FL	City & State Jacksonville, FL
Zip 32246	Country
Zip 32246	Country

4. FEI Number 20-1756121	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent HILL, DEBRA 8810 GOODBY'S EXECUTIVE DR. SUITE C JACKSONVILLE, FL 32217
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LIEBERT, MICHELE <input checked="" type="checkbox"/> Delete PMB #157 10915-109 BAYMEADOWS WAY JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PALHANO, ROSANY <input type="checkbox"/> Delete PMB #157 10915-109 BAYMEADOWS WAY JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICE Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Daniele P. Prestes 10961 Burnt mill rd. #1628 Jacksonville FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Orlandir Prestes 10961 Burnt mill rd. #1628 Jacksonville FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Antonio F. Palhano 10100 Baymeadows rd. #1402 Jacksonville FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Daniele P. Prestes</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>6/29/06</u> Daytime Phone #: <u>(904) 370 0088</u>
--	--