

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90006 040 \*\*\*158.75

**DOCUMENT # P04000165949**

1. Entity Name  
**DALLACOSTA BROTHERS CONSTRUCTION, INC.**



Principal Place of Business      Mailing Address

3314 SW 5TH AVE      3314 SW 5TH AVE  
 CAPE CORAL, FL 33991 US      CAPE CORAL, FL 33991 US

**50022203**

2. Principal Place of Business      3. Mailing Address

*1016 NW 10th ST.*      *1016 NW 10th ST.*

Suite, Apt. #, etc.      Suite, Apt. #, etc.



07082006      Chg-P      CR2E034 (11/05)

City & State      City & State

*Cape Coral, FL 33993*      *Cape Coral, FL 33993*

Zip      Country      Zip      Country

*33993*      *US*      *33993*      *US*

4. FEI Number      Applied For

**20-1991123**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

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

**SOUTHWEST PROFESSIONAL SERVICES OF S FL IN**  
**13571 MCGREGOR BLVD #22**  
**FORT MYERS, FL 33919**

**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 \_\_\_\_\_ (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.       **\$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	P	<input type="checkbox"/> Delete
NAME	DALLACOSTA, DANIEL	
STREET ADDRESS	531 SW 36TH ST	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DALLACOSTA, MICHAEL	
STREET ADDRESS	3314 SW 5TH AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DALLACOSTA, BILL	
STREET ADDRESS	1004 35TH ST	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>718 SW 39th ST</i>	
STREET ADDRESS	<i>Cape Coral, FL 33914</i>	
CITY-ST-ZIP	<i>CAPE CORAL, FL 33914</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>212 SW 19th PL.</i>	
STREET ADDRESS	<i>Cape Coral, FL 33991</i>	
CITY-ST-ZIP	<i>CAPE CORAL, FL 33991</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1016 NW 10th ST</i>	
STREET ADDRESS	<i>Cape Coral, FL 33993</i>	
CITY-ST-ZIP	<i>CAPE CORAL, FL 33993</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Bill Dallacosta*