

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90021 004 ***150.00

DOCUMENT # P05000031544

1. Entity Name
**CONSTRUCTION SERVICES INC. OF THE SUNSHINE
STATE**



Principal Place of Business
**10342 W ANCHORAGE ST
HOMOSASSA, FL 34448**

Mailing Address
**P.O. BOX 568
HOMOSASSA, FL 34487**

40116147



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3799059

Applied For
☐ Not Applicable

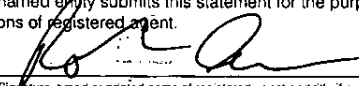
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HILL, ELIZABETH
10342 W ANCHORAGE ST
HOMOSASSA, FL 34448**

**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)

5-1-07
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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 **D - President, Treasurer**
NAME **HILL, ELIZABETH**
STREET ADDRESS **P.O. BOX 568**
CITY-ST-ZIP **HOMOSASSA, FL 34487** **ph. 352-228-3805**

TITLE **D.V. President, Secretary**
NAME **CAPOTE, ROBERT**
STREET ADDRESS **P.O. BOX 568**
CITY-ST-ZIP **HOMOSASSA, FL 34487** **ph. 352-228-3804**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

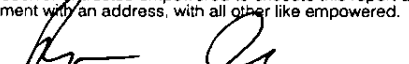
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IN THIS SPACE**

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

Date

Daytime Phone #