


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 08:00 A
Secretary of State

DOCUMENT # P05000096352 1. Entity Name IANNUZZI CONSTRUCTION CO, INC	
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Principal Place of Business P.O. BOX 8516 NAPLES, FL 34101	Mailing Address P.O. BOX 8516 NAPLES, FL 34101
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05022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1250607	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

**IANNUZZI, VINCENT
5810 HAMMOCK ISLES DR.
NAPLES, FL 34119**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity admits 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 *R. Iannuzzi* (NOTE: Registered Agent signature required when reinstating) DATE 05/01/07

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000764594 05/31/07-80001-012 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IANNUZZI, VINCENT P.O. BOX 8516 NAPLES, FL 34101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IANNUZZI, DOREEN P.O. BOX 8516 NAPLES, FL 34101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IANNUZZI, COSIMO P.O. BOX 8516 NAPLES, FL 34101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *R. Iannuzzi* DATE 05/01/07 DAYTIME PHONE # 239/682/7490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR