

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000063029

1. Entity Name
FINAL PHASE CONSTRUCTION SERVICES, INC.



Principal Place of Business
**3119 W IDLEWILD AVE
TAMPA, FL 33614-5932**

Mailing Address
**3119 W IDLEWILD AVE
TAMPA, FL 33614-5932**



DO NOT WRITE IN THIS SPACE

04042008 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0366670

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NIEBLA, RAMON
3119 W IDLEWILD AVE
TAMPA, FL 33614-5932**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000943105
05/29/08-80047-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	NIEBLA, RAMON
STREET ADDRESS	3119 W IDLEWILD AVE
CITY-ST-ZIP	TAMPA, FL 336145932
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *Ramon Niebla Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08 (813) 610-9372
Date Daytime Phone #