

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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

07-18-2007 90046 039 ***158.75

DOCUMENT # P06000143212

1. Entity Name
**COMMUNITY CONSTRUCTION AND SHUTTERS
CONTRACTORS INC**



Principal Place of Business
**237 WENONAH PLACE
WEST PALM BEACH, FL 33405**

Mailing Address
**237 WENONAH PLACE
WEST PALM BEACH, FL 33405**

2. Principal Place of Business - No P.O. Box #
237 Wenonah PL

3. Mailing Address
237 Wenonah PL

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33405 Country
USA

Zip
33405 Country
USA

07092007 Chg-P CR2E034 (12/06)



4. FEI Number
20-5902295

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTANO, MARIO A
4863 VIA PALM LAKES
810
WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent

Name
Castano, Mario A

Street Address (P.O. Box Number is Not Acceptable)
237 Wenonah PL.

City
West Palm Beach FL Zip Code
33405

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 **Mario A Castano** 07/09/07

(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTANO, MARIO A 4863 VIA PALM LAKES SUITE 810 WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTANO, MARIO A 237 Wenonah PL. West Palm Beach, FL 33405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **Mario A Castano** 07/09/07 (561)6332475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR