




2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90091 035 ***158.75

DOCUMENT # P06000143212			
1. Entity Name COMMUNITY CONSTRUCTION AND SHUTTERS CONTRACTORS INC			
Principal Place of Business 237 WENONAH PL WEST PALM BEACH, FL 33405		Mailing Address 237 WENONAH PL WEST PALM BEACH, FL 33405	
2. Principal Place of Business - No P.O. Box # 5210 Parker Av.		3. Mailing Address P.O. Box 6903	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33405.	Country	Zip 33405.	Country
6. Name and Address of Current Registered Agent CASTANO, MARIO A 237 WENONAH PL WEST PALM BEACH, FL 33405		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  DATE 04/16/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTANO, MARIO A 237 WENONAH PL WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  President		DATE 04/16/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



04162008 Chg-P CR2E034 (12/06)

4. FEI Number
20-5902295

Applied For
Not Applicable

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