

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90037 048 \*\*\*150.00

**DOCUMENT # P07000122297**

1. Entity Name  
**JUPITER ALL PHASE CONSTRUCTION INC.**



Principal Place of Business  
**6623 BREEZELOCK CT  
JUPITER, FL 33458 US**

Mailing Address  
**6623 BREEZELOCK CT  
JUPITER, FL 33458 US**

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

3. Mailing Address

**6671 W. INDIAN TOWN RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 56-176**

City & State

City & State

**Jupiter FL**

Zip

Country

Zip

Country

**33458**

04152008

Chg-P

CR2E034 (12/06)

4. FEI Number

**26-1406909**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CINGOLANI, PAUL  
6623 BREEZELOCK CT  
JUPITER, FL 33458**

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **CINGOLANI, PAUL**  
STREET ADDRESS **6623 BREEZELOCK CT**  
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 #

**PAUL Cingolani 4-16-08**

**561 427-8033**