## **2008 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Jan 14, 2008 08:00 AM Secretary of State DOCUMENT # P93000018875 **NESS CONSTRUCTION, INC.** Principal Place of Business Mailing Address 27340 S DIXIE HWY 27340 S DIXIE HWY NARANJA, FL 33032 US NARANJA, FL 33032 US 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0399516 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEETS, SUSAN ESQ. DO NOT WRITE 9990 SOUTHWEST 77TH AVENUE **SUITE 212** IN THIS SPACE MIAMI, FL 33156 8. The above named entity submits this statement to 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 agents Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME NESS, CHARLES P STREET ADDRESS 9820 SOUTHWEST 181ST TERRACE MIAMI, FL 33157 CITY-ST-719 //00000783615 01/16/08-80021-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-Z/P TITLE NAME STREET ADDRESS 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:** 

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR