

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90034 003 ***150.00

DOCUMENT # P96000094342

1. Entity Name

AVANT CONSTRUCTION INC.



Principal Place of Business

2508 ANDALUSIA BLVD.
SUITE #3
CAPE CORAL FL 33909
US

Mailing Address

2508 ANDALUSIA BLVD.
SUITE #3
CAPE CORAL FL 33909
US



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

24393 Lucas Way

Suite, Apt. #, etc.

3. Mailing Address

24393 Lucas Way

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Punta Gorda FL

City & State

Punta Gorda FL

4. FEI Number

65-0723404

Applied For

Not Applicable

Zip

33955

Country

USA

Zip

33955

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTESICH, FRINEE
2508 ANDALUSIA BLVD.
SUITE #3
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name

24393 Lucas Way

City Punta Gorda

FL

33955

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 officer or director

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME MATTESICH, FRINEE
STREET ADDRESS 2508-3 ANDALUSIA BLVD.
CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Delete

TITLE BMD
NAME MATTESICH, ROM
STREET ADDRESS 2508-3 ANDALUSIA BLVD.
CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 24393 Lucas Way
STREET ADDRESS PUNTA GORDA FL 33955 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME 24393 Lucas Way
STREET ADDRESS PUNTA GORDA FL 33955 ☒ Change ☐ Addition
CITY-ST-ZIP

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Page Number