


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000007310  
 1. Entity Name  
 CICALESE CUSTOM BUILDERS, INC.



Principal Place of Business: 2401 C.H. ARNOLD ROAD, ST. AUGUSTINE, FL 32092 US  
 Mailing Address: 2401 C.H. ARNOLD ROAD, ST. AUGUSTINE, FL 32092 US

**DO NOT WRITE IN THIS SPACE**



03212005 No Chg-P CR2E034 (10/03)  
 4. FEI Number 65-0724126 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CICALESE, JOHN T  
 2401 C.H. ARNOLD ROAD  
 ST. AUGUSTINE, FL 32092

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CICALESE, JOHN T
STREET ADDRESS	2401 C.H. ARNOLD ROAD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/09/05-80033-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John T. Calese 4-6-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #