



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90036 033 \*\*\*150.00

<b>DOCUMENT # P97000023846</b> 1. Entity Name <b>DAVID COSTA ENTERPRISES, INC.</b>					
Principal Place of Business <b>4570 HWY 20 WEST NICEVILLE, FL 32578</b>			Mailing Address <b>P.O. BOX 5236 NICEVILLE, FL 32578-5236</b>		
2. Principal Place of Business <b>4400 HWY 20 East</b>		3. Mailing Address <b>P.O. Box 5236</b>		  03152005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <b>Suite 206</b>		Suite, Apt. #, etc. 			
City & State <b>Niceville FL</b>		City & State <b>Niceville FL</b>			
Zip <b>32578</b>		Zip <b>32578</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>621682719</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>COSTA, DAVID 4570 HWY 20 WEST NICEVILLE, FL 32578</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4400 HWY 20 East</b> <b>Suite 206</b> City <b>Niceville</b> <b>FL</b> Zip Code <b>32578</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>COSTA, DAVID</b> <b>4570 HWY 20 WEST</b> <b>NICEVILLE, FL 32578</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4400 HWY 20 East Suite 206</b> <b>Niceville FL 32578</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>COSTA, HELEN</b> <b>4570 HWY 20 WEST</b> <b>NICEVILLE, FL 32578</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4400 HWY 20 East Suite 206</b> <b>Niceville FL 32578</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>David M Costa</u>			3/15/05    850-897-3169		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					