2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # P97000023846 1. Entity Name DAVID COSTA ENTERPRISES, INC.					04-24-2006 90360 018 ***150.00					
4400 HWY 20 EAST SUITE 206 NICEVILLE, FL 32578		Mailing Address 4400 HWY 20 EAST SUITE 206 NICEVILLE, FL 32578			3 188 88 87 68			(478) 1488)		
		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212006	Chg-P	CR2E03	4 (11/05)			
City & State		City & State		4. FEI Numbe 63-1682	2719 62-	16827	19 Ap	pplied For ot Applicable		
Zip	Country	Zip	Coun	ntry	5. Certificate	of Status Desired		8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New I	Registered A	gent		
COSTA, DAVID				Name	Name					
4400 HWY 20 EAST SUITE 206 NICEVILLE, FL 32578			Street Address (P.O. Box Number is Not Acceptable)							
				City			FL	Zip Code	е	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	register	ed office or registe	ered agent, or bot	h, in the State of Fl	orida. I am fa	miliar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent signature require	d when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Find Trust Fund Contribution					5.00 May Be					
AILUI III	ay 1, 2006 ree Will be \$550.0	Trust Fund Cont	tribution.	☐ Add	ded to Fees					
10.	OFFICERS AND	~	tribution.			CHANGES TO OFF	FICERS AND I	DIRECTORS	S IN 11	
10.	OFFICERS AND	~				CHANGES TO OFF		DIRECTORS	S IN 11	
10. TITLE NAME	OFFICERS AND P COSTA, DAVID	DIRECTORS	11.	E IE		CHANGES TO OFF				
10.	P COSTA, DAVID 4400 HWY 20 EAST SUITE 206	DIRECTORS	11. TITLI NAM STRE	E		CHANGES TO OFF				
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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:

BUYLD TO COSTA DAVID I

4/21/14

850-897-3169