

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90084 005 ***150.00

DOCUMENT # P97000023846

1. Entity Name

DAVID COSTA ENTERPRISES, INC.



Principal Place of Business

4400 HWY 20 EAST
SUITE 206
NICEVILLE, FL 32578

Mailing Address

4400 HWY 20 EAST
SUITE 206
NICEVILLE, FL 32578

40030111



03082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1682719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTA, DAVID
4400 HWY 20 EAST SUITE 206
NICEVILLE, FL 32578

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | P |
| NAME | COSTA, DAVID |
| STREET ADDRESS | 4400 HWY 20 EAST SUITE 206 |
| CITY-ST-ZIP | NICEVILLE, FL 32578 |
| TITLE | S |
| NAME | COSTA, HELEN |
| STREET ADDRESS | 4400 HWY 20 EAST SUITE 206 |
| CITY-ST-ZIP | NICEVILLE, FL 32578 |
| TITLE | D |
| NAME | COSTA, DAVID |
| STREET ADDRESS | 4400 HWY 20 EAST SUITE 206 |
| CITY-ST-ZIP | NICEVILLE, FL 32578 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

David M. Costa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/07 850-897-3169