

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023846

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: DAVID COSTA ENTERPRISES, INC.

## Current Principal Place of Business:

4400 HWY 20 EAST  
SUITE 206  
NICEVILLE, FL 32578

## New Principal Place of Business:

1480 HICKORY ST.  
SUITE 104  
NICEVILLE, FL 32578

## Current Mailing Address:

4400 HWY 20 EAST  
SUITE 206  
NICEVILLE, FL 32578

## New Mailing Address:

1480 HICKORY ST.  
SUITE 104  
NICEVILLE, FL 32578

FEI Number: 62-1682719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

COSTA, DAVID  
1480 HICKORY ST.  
SUITE 104  
NICEVILLE, FL 32578 US

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.

SIGNATURE:

04/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COSTA, DAVID  
Address: 4400 HWY 20 EAST SUITE 206  
City-St-Zip: NICEVILLE, FL 32578

Title: S ( ) Delete  
Name: COSTA, HELEN  
Address: 4400 HWY 20 EAST SUITE 206  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: COSTA, DAVID  
Address: 4400 HWY 20 EAST SUITE 206  
City-St-Zip: NICEVILLE, FL 32578

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COSTA, DAVID  
Address: 1480 HICKORY ST. SUITE 104  
City-St-Zip: NICEVILLE, FL 32578

Title: S (X) Change ( ) Addition  
Name: COSTA, HELEN  
Address: 1480 HICKORY ST. SUITE 104  
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Change ( ) Addition  
Name: COSTA, DAVID  
Address: 1480 HICKORY ST. SUITE 104  
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M COSTA

P

04/10/2008

Electronic Signature of Signing Officer or Director

Date