
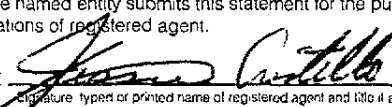
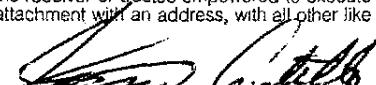


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000051072</b> 1. Entity Name <b>CRISTELLO CONSTRUCTION, INC.</b>					
Principal Place of Business <b>3192 FRUITVILLE RD SARASOTA FL 34237</b>			Mailing Address <b>3192 FRUITVILLE RD SARASOTA FL 34237</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0771048</b>	
6. Name and Address of Current Registered Agent  <b>CRISTELLO, JESSIE 3192 FRUITVILLE RD SARASOTA FL 34237</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> <b>JESSIE CRISTELLO</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>1-24-06</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>P</b>  <b>CRISTELLO, JESSIE</b>  <b>3192 FRUITVILLE RD</b>  <b>SARASOTA FL 34237</b> </div> <div> <input type="checkbox"/> Delete         </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>1100000407435</b>  <b>02/08/06-80017-011 150.00</b> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Add         </div> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div></div> <div><input type="checkbox"/> Delete</div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div></div> <div><input type="checkbox"/> Change <input type="checkbox"/> Add</div> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div></div> <div><input type="checkbox"/> Delete</div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div></div> <div><input type="checkbox"/> Change <input type="checkbox"/> Add</div> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div></div> <div><input type="checkbox"/> Delete</div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div></div> <div><input type="checkbox"/> Change <input type="checkbox"/> Add</div> </div>		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div></div> <div><input type="checkbox"/> Delete</div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div></div> <div><input type="checkbox"/> Change <input type="checkbox"/> Add</div> </div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 30%; text-align: center;"> <b>1-24-06</b>  <small>DATE</small> </div> <div style="width: 30%; text-align: right;"> <b>941-906-765</b>  <small>Daytime Phone #</small> </div> </div>					



1st MOORE CR2E034 (10/05)