## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **FILED** Apr 04, 2007 08:00 All Secretary of State DOCUMENT # P97000088474 1. Entity Name MANCUSO CONSTRUCTION INC. Principal Place of Business Mailing Address 8876 SE BRIDGE RD HOBE SOUND FL 33455 8876 SE BRIDGE RD HOBE SOUND FL 33455 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0796718 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANCUSO, RONALD 8876 SE BRIDGE RD Street Address (P.O. Box Number is Not Acceptable) HOBE SOUND FL 33455 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition HILE ☐ Delele TITLE Change MANCUSO, RONALD R NAME NAME 225 BEACH RD., #106 STREET ADDRESS STREET ADDRESS JUPITER FL 33469 CITY-ST-ZIP CITY-ST-7IF U0000068848 P Change TITLE □ Delete TITLE Addition NAME NAME 04/10/07-80085-003 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP THE ☐ Delete THE П Спапое ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HHE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

I hereby cortify 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 trusted 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 attackment with an address, with all other like empowered.

SIGNATURE:

04.02.07

Daytime Priorie #