## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 12, 2008 8:00 am Secretary of State DOCUMENT # P97000088474 1. Entity Name 05-12-2008 90032 011 \*\*\*150.00 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.G. Box # 3. Mailing Address 8938 SE Bridge Rd 8938 F Bridge Rd Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0796718 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 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 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. 04.23.08 SIGNATURE IKON Appert e-greature required vehicle religion (4) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change 🔲 Delete TITLE Addition NAME MANCUSO, RONALD R NAME STREET ADDRESS 225 BEACH RD., #106 STREET ADORESS CITY-ST-ZIP JUPITER FL 33469 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS OTTY-ST-ZIP CITY - ST - ZIP De ete Change Addition MALAST HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete Change Addition TOLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-709 DILE ☐ Delete Addition NAME NAME STREET ADORESS STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST- ZIP 12. Thereby 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 earlier that I am an officer or director of the corporation or the reserver 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 of the corporation or the reserver or trustee empowered to execute this report as if changed, or on an attachnicht with an address, with all other like empowered.

**FILED**