## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 03, 2007 8:00 am Secretary of State 05-03-2007 90070 026 \*\*\*150.00 **DOCUMENT # P97000092014** COSTANTINI CONSTRUCTION, INC. CASSULUB Mailing Address Principal Place of Business 3359 TAMIAMI TR NORTH 3359 TAMIAMI TR NORTH NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 CR2E034 (12/06) Chg-P City & State Applied For City & State 4. FEI Number 65-0840490 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COSTANTINI, DOMENIC Street Address (P.O. Box Number is Not Acceptable) 9360 VANDERBILT DR NAPLES, FL 34108 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 Avided or printed name of registered agent and little if applicable. DATE (NOTE, Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. COSTANTINI DOMENIC Addition TITLE ☐ Defete TITLE ☐ Change NAME NAME 9360 VANDERBILT DR STREET ADDRESS STREET ADDRESS NAPLES, FL 34108 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME COSTANTINI, MICHELLE 9360 VANDERBILT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP **PVTD** ☐ Delete ☐ Change Addition TITLE TITLE COSTANTINI, DOMENIC NAME NAME 9360 VANDERBILT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP ☐ Delete □ Change TITLE TiTLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 eport 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Domenic Castantini

changed, or on an attachment with a

SIGNATURE: X

FILED