


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 24, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P98000040217</b> 1. Entity Name <b>ASSAAD-CORACE CONSTRUCTION, INC.</b>	
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Principal Place of Business <b>790 HARBOR DR STE 2A NAPLES, FL 34103</b>	Mailing Address <b>790 HARBOR DR STE 2A NAPLES, FL 34103</b>
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**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0834050</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VOLPE, MICHAEL J ESQ  
4001 NORTH TAMiami TRAIL  
STE 330  
NAPLES, FL 34103**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000190109 01/24/05-80123-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ASSAAD, MIKE W 790 HARBOUR DRIVE NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CORACE, BENJAMIN 4332 RAVENNA BLVD, #102 NAPLES, FL 34103
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:** Mike CS 1/19/05 239-430-3883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #