

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State****DOCUMENT # P98000093634**1. Entity Name  
**CATANZARO CONSTRUCTION COMPANY**Principal Place of Business  
**461 OLD OAK CIRCLE  
PALM HARBOR, FL 34683**Mailing Address  
**461 OLD OAK CIRCLE  
PALM HARBOR, FL 34683**

04282004 No Chg-2 CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**4. FEI Number: **59-3540007** Applied For: ☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LOVELACE, WILLIAM K  
2310 W. BAY DR.  
LARGO, FL 33770****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 provisions of registered agent.

SIGNATURE

Signature of the current registered agent and the filer (if applicable)

NOTE: Registered agent signature required when registering

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**9. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | P                     |
| NAME           | CATANZARO, JON        |
| STREET ADDRESS | 504 HILLSBOROUGH ST   |
| CITY, ST, ZIP  | PALM HARBOR, FL 34683 |
| TITLE          | VP                    |
| NAME           | 3CATANZARO, PAMELA M  |
| STREET ADDRESS | 504 HILLSBOROUGH ST.  |
| CITY, ST, ZIP  | PALM HARBOR, FL 34683 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY, ST, ZIP  |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY, ST, ZIP  |                       |
| 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)(b), 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 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jon Catanzaro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JON CATANZARO 4/28/04 727-786-7155**