2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000049111

1 Entity Name

FT. PIERCE BUILDING COMPANY



FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business

4500 PGA BLVD,

SUITE 207 Palm Beach Gardens, FL 33418 Mailing Address

4500 PGA BLVD,

SUITE 207

PALM BEACH GARDENS, FL 33418



02222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0923445 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DIVOSTA, OTTO B 4500 PGA BLVD SUITE 207

PALM BEACH GARDENS, FL 33418

DC	NOT	WRITE
IN	THIS	SPACE

				٠,			
	named entity submits this statement for the poons of registered agent.	urpose of changing its registered o	ffice or r	egistered agent, or bo	th, in the State of Florida. I am familiar	with, and accept	
SIGNATURE							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	· 🗆	\$5.00 May Be Added to Fees	 	5 150.00	
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIVOSTA, OTTO B 4500 PGA BLVD., STE., 207 PALM BEACH GARDENS, FL 33418				*		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AME BRANDT, PHILLIP TREET ADDRESS 4500 PGA BLVD STE 207						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	IN '	THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							

12. Thereby 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 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:

STREET ADORESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/4/08

561-691-9000