


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S06314**  
 1. Entity Name  
**LAGRASTA CONSTRUCTION, INC.**



Principal Place of Business  
**506 106TH AVE. NORTH  
 NAPLES, FL 34108**

Mailing Address  
**506 106TH AVE. NORTH  
 NAPLES, FL 34108**

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FCI Number  
**65-0226406**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LIEBERFARB, STANLEY J.  
 1100 5TH AVE S  
 SUITE 405  
 NAPLES, FL 34102**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAGRASTA, DOMENICO 506 106TH AVE., N. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAGRASTA, MARIA 506 106TH AVE., N. NAPLES, FL 34108
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 02/07/05-80031-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Maria La Grasta **MARIA LA GRASTA** 2-1-05 239-597-5850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Phone #