

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # V57414

1. Entity Name
CONSTRUCTION CONSULTANT SERVICE CORP.



Principal Place of Business
**3526 SW 14TH PL
CAPE CORAL, FL 33914 US**

Mailing Address
**3526 SW 14TH PL
CAPE CORAL, FL 33914 US**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0353956

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CASANOVA, PAUL
3526 SW 14TH PLACE
CAPE CORAL, FL 34119**

**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 **PAUL CASANOVA** **01-12-06**
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	CASANOVA, PAUL
STREET ADDRESS	3526 SW 14TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	OFFICERS-ADM.
NAME	ABRIL MAC. HERNANDEZ
STREET ADDRESS	3526 SW 14TH PL
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	OFFICER-SEC.
NAME	BERGICA ESCOTO
STREET ADDRESS	3526 SW 14TH PL
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80040-010 150.00

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IN THIS SPACE**

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 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: **PAUL CASANOVA** **01-12-06 239443-9745**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #