


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90040 009 ***150.00

DOCUMENT # V71070 1. Entity Name ZUCCARI CONSTRUCTION, INC.			
Principal Place of Business 4101 SW 141ST AVE MIRAMAR FL 33027		Mailing Address 4101 SW 141ST AVE MIRAMAR FL 33027	
2. Principal Place of Business 10310 S.W. 41 Ave Suite, Apt. #, etc.		3. Mailing Address 10310 S.W. 41 Ave Suite, Apt. #, etc.	
City & State OCALA, FL		City & State OCALA, FL	
Zip 34476		Zip 34476	
Country MARION		Country MARION	
4. FEI Number 65-0363484		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent FASKE, GARRY C 11900 BISCAYNE BOULEVARD SUITE 616 NORTH MIAMI FL 33181	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ZUCCARI, ELLEN J 4101 SW 141 AVE MIRAMAR FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ZUCCARI, ELLEN J. 10310 S.W. 41 Ave OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ZUCCARI, GEORGE W 4101 SW 141 AVE MIRAMAR FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ZUCCARI, GEORGE W. 10310 S.W. 41 Ave OCALA, FL 34476
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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: <u>George W. Zuccari</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	