


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # 626816<br>1. Entity Name<br>AGLIANO & ASSOCIATES, INC. |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br>707 MAINSAIL DR<br>TAMPA, FL 33602 US | Mailing Address<br>PO BOX 26603<br>TAMPA, FL 33623 US |
|--|---|

**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-P CR2E034 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-1915094                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

AGLIANO, JOHN B  
707 MAINSAIL DR  
TAMPA, FL 33602

**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 John B. Agliano John B. Agliano 4-25-07  
Signature, typed or printed name of registered agent as applicable. (NOTE: Registered Agent signature required when re-issuing) DATE

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PS<br>AGLIANO, JOHN B.<br>707 MAINSAIL DR<br>TAMPA, FL 33602 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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IN THIS SPACE**

100000741497  
05/15/07-80030-022 150.00

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: John B. Agliano Pres. 4-25-07 813-221-4284  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #