

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # J55811

1. Entity Name
TEMPLE TERRACE BEVERAGE SERVICES, INC.



Principal Place of Business
**5303 BUSCH BLVD.
TEMPLE TERRACE, FL 33617**

Mailing Address
**C/O LOPEZ, AL R JR
4600 W. CYPRESS #500
TAMPA, FL 33607 US**



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2785325 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, AL R. JR. ESQ.
4600 W. CYPRESS
SUITE 500
TAMPA, FL 33607**

**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 \$550.00**

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
**PD
CIACCIO, JOSEPH N
5303 BUSCH BLVD.
TEMPLE TERRACE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
CIACCIO, KAREN L
5303 BUSCH BLVD
TEMPLE TERRACE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/15/05-80014-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph N. Ciaccio 3/25/05 (813) 985-7449

Date

Daytime Phone #