

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K78292

1. Entity Name
JANET CRISTOFORI, INC.



Principal Place of Business

**412 INDIAN RIVER DR.
SEBASTIAN, FL 32958**

Mailing Address

**4412 5TH PLACE SW
VERO BEACH, FL 32968**



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0108980

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CRISTOFORI, JANET GAIL
412 INDIAN RIVER DRIVE
SEBASTIAN, FL 32958**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000545026
05/11/06-NUUS6-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	CRISTOFORI, JANET GAIL
STREET ADDRESS	412 INDIAN RIVER DRIVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	D
NAME	CRISTOFORI, JANET GAIL
STREET ADDRESS	412 INDIAN RIVER DRIVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	T
NAME	CRISTOFORI, BRUNO
STREET ADDRESS	412 INDIAN RIVER DRIVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/06

Date

(772) 538-0944

Daytime Phone if