

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 08:00 A
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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0108980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRISTOFORI, JANET GAIL
412 INDIAN RIVER DRIVE
SEBASTIAN FL 32958

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

Signature, typed or printed name of registered agent and if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME 000000867697
STREET ADDRESS 04/08/08-80082-007 150.00
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS CRISTOFORI, BRUNO
CITY-ST-ZIP 412 INDIAN RIVER DRIVE
SEBASTIAN FL 32958

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Janet Cristofori, Janet Cristofori, 03-19-08, (772) 589-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #