

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90121 044 ****70.00

DOCUMENT # N03000004814

1. Entity Name

FLORIMEZZO, INC.



Principal Place of Business

Mailing Address

2847 FIRST ST NE
ST PETERSBURG FL 33704

2847 FIRST ST NE
ST PETERSBURG FL 33704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

68-0550935

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALANDRA, DERRICK
2847 FIRST ST NE
ST PETERSBURG FL 33704

Name

Calandra, Jessica

Street Address (P.O. Box Number is Not Acceptable)

2847 First St NE

City

Saint Petersburg

FL

Zip Code

33704

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 fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	CALANDRA, JESSICA	
STREET ADDRESS	2847 FIRST ST NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	D	☐ Delete
NAME	SFORZINI, MARK	
STREET ADDRESS	215 S HALE AVE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DS	☒ Delete
NAME	CALANDRA, DERRICK	
STREET ADDRESS	2847 FIRST ST NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 617, 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]

2/19/06

727-204-3072