


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

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90051 019 ****70.00

DOCUMENT # N21578
1. Entity Name
SONS OF ITALY OF AMERICA 2436, INC.



Principal Place of Business Mailing Address
5610 COLLEGE ROAD **P.O. BOX 5838**
KEY WEST FL 33040 **KEY WEST FL 33045**
US **US**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
TRUMBO, CARRIE V.
3635 SEASIDE DRIVE
401
KEY WEST FL 33040

7. Name and Address of New Registered Agent
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 *Carrie V. Trumbo*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIOVANNUCCI, JULIUS 127 KEY HAVEN ROAD KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRUMBO, CARRIE V PO BOX 14 KEY WEST FL 33041 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOBILI, DAVE PO BOX 5838 KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS JACOBELLIS, GELSIE PO BOX 5838 KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUCUCIUO, MARIE PO BOX 5838 KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS JACKSON, LUCIAN C PO BOX 5838 KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. CARRIE V. TRUMBO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 14 Keywest, FL 33041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTHONY DELCORIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3930 S. ROOSEVELT BLVD 303N Keywest FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALVATORE "BOB" CONTI <input type="checkbox"/> Change <input type="checkbox"/> Addition 1203 16a Terrace Keywest FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS FRANK CICALESE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1203 16a Terrace Keywest FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O. THOMAS J. SIRECI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1128 FLAGLER AVE Keywest FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS. LUCIA J. CUCULINO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 5838 Keywest FL 33045

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: *Carrie V. Trumbo, President* **CARRIE V. TRUMBO**