

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000033110

Entity Name: P. TESORI, INC.

FILED
Sep 29, 2008
Secretary of State

Current Principal Place of Business:

512 JEFFREY DRIVE
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

512 JEFFREY DRIVE
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 03-0461318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, TODD
7785 BAYMEADOWS WAY STE 107
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TESORI, ALBERT P III
Address: 512 JEFFREY DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TESORI, ALBERT P III
Address: 1512 TURTLE BAY COVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Change (X) Addition
Name: ROBIE, MICHELLE L
Address: 1512 TURTLE BAY COVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT P. TESORI, III

D

09/29/2008

Electronic Signature of Signing Officer or Director

Date