

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P05000098305	
1. Entity Name CHISANO MARKETING GROUP, INC.	

Principal Place of Business 2170 W. SR 434, STE. 280 LONGWOOD, FL 32779	Mailing Address 2170 W. SR 434, STE. 280 LONGWOOD, FL 32779
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01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3156615	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHISANO, THOMAS A. 6222 KINGBIRD MANOR LITHIA, FL 33547

**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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

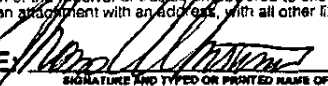
9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUCH, JOSEPH 2170 W. SR 434, STE. 280 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHISANO, CAROLYN E. 2170 W. SR 434, STE. 280 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOS CHISANO, THOMAS A. 2170 W. SR 434, STE. 280 LONGWOOD, FL 32779
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**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 officer 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:  **Thomas A. Chisano, Secretary** **3-30-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #