2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P23443

1. Entity Name
ITALANDCO, INC.

Principal Place of Business	Mailing Address
C/O KEN RAWLINSON, PA 1408 ATWOOD AVE JOHNSTON, RI 02919	C/O KEN RAWLINSON, PA 1408 ATWOOD AVE JOHNSTON, RI 02919

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1052631
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEMPE, JOSEPH C
941 N HWY A1A
JUPITER, FL 33477-5111

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000043124
02/10/04-80053-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LUPPI, FRANK
STREET ADDRESS	511 SO BEACH ROAD
CITY-ST-ZIP	HOBE SOUND, FL
TITLE	SD
NAME	LUPPI, JANICE
STREET ADDRESS	511 SO BEACH ROAD
CITY-ST-ZIP	HOBE SOUND, FL
TITLE	VP
NAME	LUPPI, MONICA C
STREET ADDRESS	511 SO BEACH ROAD
CITY-ST-ZIP	HOBE SOUND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Janice Luppi January 27, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #