

DOCUMENT # P96000073619

1. Entity Name

GEMELLI'S CATERING, INC.



FILED
Apr 07, 2005 08:00 AM
Secretary of State

Principal Place of Business

8849 CYPRESS HAMMOCK DR.
TAMPA FL 33613

Mailing Address

8849 CYPRESS HAMMOCK DR.
TAMPA FL 33613



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3407991

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMOSKY, WILLIAM P
8349 CYPRESS HAMMOCK DRIVE
TAMPA FL 33614

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SAMOSKY, WILLIAM P
8849 CYPRESS HAMMOCK DR
TAMPA FL 33613 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
PROVINZANO, ANN MARIE
8849 CYPRESS HAMMOCK DR
TAMPA FL 33613 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1100000290849
04/07/05-80005-014 150.00 Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
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CITY-ST-ZIP
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 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William P. Samosky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05 (813) 886-6554
Date Daytime Phone #