

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000033128

Entity Name
SANTOLUCITO ENTERPRISES, INC.



Principal Place of Business
1319 SPAULDING RD.
DUNEDIN, FL 34698

Mailing Address
1319 SPAULDING RD.
DUNEDIN, FL 34698

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3570892	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTOLUCITO, JOSEPH T
1319 SPAULDING RD.
DUNEDIN, FL 34698

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IN THIS SPACE**

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 re-stating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

NAME	PD
NAME	SANTOLUCITO, JOSEPH T
HOME ADDRESS	1319 SPAULDING RD.
CITY-STATE-ZIP	DUNEDIN, FL 34698
NAME	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	

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01/30/06-80049-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

Joseph T. Santolucito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH T
SANTOLUCITO

Date

Daytime Phone #

1-18-06 481-3194