

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90348 024 \*\*\*150.00

**DOCUMENT # 139524**

1. Entity Name

ANTHONY DISTRIBUTORS, INC.



Principal Place of Business

1704 W KENNEDY BLVD  
TAMPA FL 33606  
US

Mailing Address

1704 W KENNEDY BLVD  
TAMPA FL 33606  
US

**50040627**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

5607 Johns Rd.

Suite, Apt. #, etc.

Suite 1001

City & State  
Tampa, FL

Zip  
33634

Country

Hillsborough

3. Mailing Address

5607 Johns Rd.

Suite, Apt. #, etc.

Suite 1001

City & State  
Tampa, FL

Zip  
33634

Country

Hillsborough

4. FEI Number

59-0145031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ITALIANO, ANTHONY S  
1704 W KENNEDY BLVD  
TAMPA FL 33606

7. Name and Address of New Registered Agent

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

*Anthony S Italiano Sr.*

ANTHONY S. ITALIANO SR., C.E.O.

4/8/05

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

TITLE PD ☐ Delete  
NAME ITALIANO, SALVATORE A  
STREET ADDRESS 1704 W KENNEDY BLVD  
CITY-ST-ZIP TAMPA, FL 00000 33606

TITLE SD ☐ Delete  
NAME ITALIANO, ANTHONY S SR  
STREET ADDRESS 1704 W KENNEDY BLVD  
CITY-ST-ZIP TAMPA, FL 00000

TITLE CEO ☐ Delete  
NAME ITALIANO, ANTHONY S SR  
STREET ADDRESS 1704 W KENNEDY BLVD  
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME ITALIANO, SALVATORE A  
STREET ADDRESS 5607 JOHNS RD. - SUITE 1001  
CITY-ST-ZIP TAMPA, FL 33634

TITLE SD ☒ Change ☐ Addition  
NAME ITALIANO, ANTHONY S SR  
STREET ADDRESS 5607 JOHNS RD. - SUITE 1001  
CITY-ST-ZIP TAMPA, FL 33634

TITLE CEO ☒ Change ☐ Addition  
NAME ITALIANO, ANTHONY S SR  
STREET ADDRESS 5607 JOHNS RD. - SUITE 1001  
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Anthony S Italiano Sr.*  
ANTHONY S. ITALIANO SR.

SECY. & DIR.

4/8/05 (813) 254-3883

Date

Daytime Phone #