

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 203869

1. Entity Name
AZZARELLI DEVELOPMENT CORP



Principal Place of Business

4356 W. RT. 17
PO BOX 767
KANKAKEE, IL 60901 US

Mailing Address

4356 W. RT. 17
PO BOX 767
KANKAKEE, IL 60901 US

FILED
Jan 10, 2005 08:00 AM
Secretary of State



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
36-2434931

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AZZAVELL, SAMUEL J
161 BATH CLUB CR
SAINT PETERSBURG, FL 33708

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000175534
01/10/05-80055-006 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
AZZARELLI, SAMUEL J
161 BATH CLUB CR
SAINT PETERSBURG, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
AZZARELLI, BARTLE
7810 RIVERSHORE DR
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HINTON, LARRY A
2473 POTTERS TURN
KANKARR, IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-05

815-937-8700