

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90050 010 ***150.00

DOCUMENT # 207510

1. Entity Name

FLORALINO PROPERTIES, INC.



Principal Place of Business

PO BOX 5017
LARGO FL 34649

Mailing Address

PO BOX 5017
LARGO FL 34649

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-6060612

Applied For

Not Applicable

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

TUBOLINO, A TONY
13404 106TH AVE N
LARGO FL

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, 2004 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	<input type="checkbox"/> Delete
NAME	TUBOLINO, A TONY	
STREET ADDRESS	13404 106TH AVE. N.	
CITY-ST-ZIP	LARGO FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	TUBOLINO, ANTHONY T. JR.	
STREET ADDRESS	13404 106TH AVE. N.	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUBOLINO, PHYLLIS A.	
STREET ADDRESS	13404 106TH AVE. N.	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUBOLINO, TERESA	
STREET ADDRESS	13404 106TH AVE N	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

A Tony Tubolino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-04

727-385-6330