

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90059 045 ***150.00

DOCUMENT # 216969

1. Entity Name
FILIPPELLO BROTHERS, INC.



Principal Place of Business
P.O. BOX 11002
2801 E. HILLSBORO AVE.
TAMPA, FL 33680

Mailing Address
P.O. BOX 11002
2801 E. HILLSBORO AVE.
TAMPA, FL 33680

40034802



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0702739

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FILIPPELLO, PETER P
11719 CARROLLWOOD COVE DR
TAMPA, FL 33624

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FILIPPELLO, PETER PAUL
STREET ADDRESS	11719 CARROLLWOOD COVE DR.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	VP
NAME	FILIPPELLO, MICHAEL L
STREET ADDRESS	11719 CARROLLWOOD COVE DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	ST
NAME	FILIPPELLO, FAYE L
STREET ADDRESS	11719 CARROLLWOOD COVE DR.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 #

Peter P. Filippello **Peter P. Filippello** 3/16/05 813 237-3341