


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # 216969</b> 1. Entity Name FILIPPELLO BROTHERS, INC.	
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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
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01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0702739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  FILIPPELLO, PETER P 11719 CARROLLWOOD COVE DR TAMPA, FL 33624
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

000000395097  
01/26/06-80035-008 150.00

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

**DO NOT WRITE  
IN THIS SPACE**

12. 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: Peter P. Filippello President 1/20/06 (813) 237-3341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #