

**2005 FOR PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 257492

1. Entity Name
J.V. CAMPISI, INC.



Principal Place of Business

2801 E. HILLSBORO AVE.
P.O. BOX 11177
TAMPA, FL 33680

Mailing Address

2801 E. HILLSBORO AVE.
P.O. BOX 11177
TAMPA, FL 33680

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0953398

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPISI, FRANK V
2801 E. HILLSBOROUGH AVE.
TAMPA, FL 33610

**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**

U00000340048
04/28/05-80101-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CAMPISI, FRANK V
15415 LAKE MAGDALENE BLV
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CAMPISI, FRANK W.
15415 LAKE MAGD. BLVD.
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2VP
TRIGGS, TAREN
2501 NW 27TH TERRACE
GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(f), 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 #

4/26/05 813-239-1127