

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 433648

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** PELLICCIONE BUILDERS' SUPPLY, INC.

**Current Principal Place of Business:**

3560 VERONICA S. SHOEMAKER BLVD.  
FT. MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

3560 VERONICA S. SHOEMAKER BLVD.  
FT. MYERS, FL 33916

**New Mailing Address:**

**FEI Number:** 59-1480935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PELLICCIONE, LAWRENCE G  
3560 VERONICA S. SHOEMAKER BLVD.  
FORT MYERS, FL 33916 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PELLICCIONE, LAWRENCE G  
Address: 6029 HIGGINS AVE  
City-St-Zip: FORT MYERS, FL 33905

Title: VD  
Name: PELLICCIONE, LAWRENCE D  
Address: 17056 WAYZATA COURT  
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE G. PELLICCIONE

PRES

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date