

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 525787**

1. Entity Name  
**ANGELO J. TELESE INTERIORS, INC.**



Principal Place of Business  
**7020 CENTRAL AVE  
ST PETERSBURG, FL 33707**

Mailing Address  
**7020 CENTRAL AVE  
ST PETERSBURG, FL 33707**



01302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number<br><b>59-1727039</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

**ANDREWS, LANCE  
6074 GULFPORT BLVD  
SAINT PETERSBURG, FL 33707**

**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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                   |
|----------------|-------------------|
| TITLE          | PD                |
| NAME           | TELESE, ANGELO J  |
| STREET ADDRESS | 6700 5TH AVE N    |
| CITY- ST- ZIP  | ST PETERSBURG, FL |

|                |                   |
|----------------|-------------------|
| TITLE          | STD               |
| NAME           | VIHEREK, JOSEPH L |
| STREET ADDRESS | 6700 5TH AVE N    |
| CITY- ST- ZIP  | ST PETERSBURG, FL |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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: Angelo J. Telese **ANGELO J. TELESE** 2/15/07 727-281-1823  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #