


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 550417 1. Entity Name POMPEO, INC. |  |
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|---|---|
| Principal Place of Business 3523 49TH STREET N. ST. PETERSBURG, FL 33710-2149 | Mailing Address 3523 49TH STREET N. ST. PETERSBURG, FL 33710-2149 |
|---|---|

DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1780368

| |
|----------------|
| Applied For |
| Not Applicable |

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

6. Name and Address of Current Registered Agent

**SPINELLI, ROCCO
3523 49TH STREET N.
ST. PETERSBURG, FL 33710**

**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 relating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SPINELLI, ROCCO 3523 49TH STREET N. SAINT PETERSBURG, FL 33710 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SPINELLI, JEAN 3523 49TH STREET NORTH SAINT PETERSBURG, FL 33710 |
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IN THIS SPACE**

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05/16/06-80011-004 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 722551029
Date Daytime Phone #