## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 27, 2007 8:00 am Secretary of State **DOCUMENT # 556433** 1. Entity Name 03-27-2007 90015 012 \*\*\*150.00 ANTHONY FINALDI, & CO., INC. Principal Place of Business Mailing Address 1007 GARDENIA DRIVE 1007 GARDENIA DRIVE TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 155 Benjamin Chaired p 155 Benjamin Chaires Ro Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State Applied For FEi Number 59-1784498 allahassee Not Applicable Country \$8.75 Additional 32317-7679 5. Certificate of Status Desired ヌス3ノフ*-ブ6*フタ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINALDI. JOHN J. Street Address (P.O. Box Number is Not Acceptable) 1007 GARDENIA DR TALLAHASSEE FL 32312 Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little r applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Scaretary TITLE Delete Addition FINALDI, ANTHONY Theresa A Finaldi 3527 clifden Drive NAME NAME 1007 GARDENIA DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CUTV+ST-7IP CITY ST ZIP Talloharine Fl. 32309 **PVST** TITLE ☐ Delete TOTAL Change ☐ Addition FINALDI, JOHN J NAME NAME 1007 GARDENIA DR. STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-7IP CITY ST-71P mu Delete HILE ☐ Change Addition MAME NAME STRUCT ADDRESS STREET ADDRESS CITY OF EUR -CITY-ST ZiP -TITLE ☐ Delete IIILE □ Change ☐ Addition NAMF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE Delete TITLE ☐ Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-SI-ZIP

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TILAT FINAL DISPETION AME OF SIGNING OFFICER OR DIRECTOR

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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Description

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12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signalure shall have the same legal effect as if made under eath; 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.