

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90035 028 ***150.00

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1. Entity Name
ANTHONY FINALDI, & CO., INC.



Principal Place of Business
**755 BENJAMIN CHAIRED RD
TALLAHASSEE, FL 32317**

Mailing Address
**755 BENJAMIN CHAIRED RD
TALLAHASSEE, FL 32317**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1784498

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FINALDI, JOHN J.
1007 GARDENIA DR.
TALLAHASSEE, FL 32312

*3527 Clifdon Dr.
Ta. Fl. 32309*

**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 *John J Finaldi*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/08
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	S
NAME	FINALDI, THERESA
STREET ADDRESS	3527 CLIFDON DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	PVST
NAME	FINALDI, JOHN J
STREET ADDRESS	<i>3527 Clifdon Dr.</i> 1007 GARDENIA DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312 <i>Ta. Fl. 32309</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *John J Finaldi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08
Date

(850) 385-2880
Daytime Phone #