

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90048 008 ***150.00

DOCUMENT # 575214

1. Entity Name
JOHN RONDINELLI, INC.



Principal Place of Business
**2403 N. COCOA BLVD
1980 NORTH ATLANTIC AVE.
COCOA, FL 32922**

Mailing Address
**2403 N. COCOA BLVD
COCOA BEACH, FL 32922**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1889720

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RONDINELLI, JOHN
CAPE ROYAL BLDG., STE 906
1980 NORTH ATLANTIC AVE.
COCOA BEACH, FL 32931**

Name

John Rondinelli

Street Address (P.O. Box Number is Not Acceptable)

2403 N Cocoa Blvd

City
Cocoa

FL

Zip Code
32922

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 Rondinelli**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Jan 5 07
DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RONDINELLI, JOHN
1980 N. ATLANTIC AVE.
COCOA BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
RONDINELLI, BARBARA
1980 N. ATLANTIC AVE.
COCOA BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
RONDINELLI, JOHN
1980 N. ATLANTIC AVE.
COCOA BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Rondinelli**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 5 07
Date

321-632-4333
Daytime Phone #