

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90197 015 ***150.00

DOCUMENT # 673977

1. Entity Name
DISCOUNT SALES, INC.



Principal Place of Business
**3451 W NEW HAVEN AVE
C/O LINDA TURIGLIATTI
WEST MELBOURNE, FL 32904**

Mailing Address
**8600 SYLVAN DRIVE
C/O LINDA TURIGLIATTI
WEST MELBOURNE, FL 32904**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2025935

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TURIGLIATTI, LINDA
8600 SYLVAN DRIVE
WEST MELBOURNE, FL 32904**

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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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	TURIGLIATTI, LINDA
STREET ADDRESS	8600 SYLVAN DRIVE
CITY-ST-ZIP	W. MELBOURNE, FL
TITLE	VPSD
NAME	TURIGLIATTI, TRACY
STREET ADDRESS	402 POINSETTA ROAD
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

LINDA TURIGLIATTI CORP PRES *Linda Turigliatti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/06/06 321-725-8182