

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90072 005 ***150.00

DOCUMENT # 694865 1. Entity Name FERRARO HOMES, INC.					
Principal Place of Business 807 PARADISE WAY SARASOTA FL 34242-1826				Mailing Address 807 PARADISE WAY SARASOTA FL 34242-1826	
2. Principal Place of Business - No P.O. Box # 807 PARADISE WAY		3. Mailing Address 807 PARADISE WAY			
Suite, Apt. #, etc. SARASOTA		Suite, Apt. #, etc. 7			
City & State FLORIDA		City & State FLORIDA		4. FEI Number 59-2126839	
Zip 34242		Country SARASOTA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRARO, JOHN 807 PARADISE WAY SARASOTA FL 33581				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ (Signature typed or printed name of registered agent and title. If applicable, (NOTE: Registered Agent's signature required when changing agent.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	DP FERRARO, JOHN R 803 PARADISE WAY SARASOTA, FL 00000		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME 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 Section 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: <u><i>John R Ferraro</i></u> 1-26-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					