


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90004 009 ****61.25

DOCUMENT # 768222 1. Entity Name SONS OF ITALY, MIKE ACCARDI LODGE, INC.					
Principal Place of Business 1270 DOYLE RD DELTONA, FL 32725			Mailing Address 1270 DOYLE RD DELTONA, FL 32725-5754		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2897941	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GUARDINO, MICHAEL SR. 1270 DOYLE RD. DELTONA, FL 32725				7. Name and Address of New Registered Agent Name Theresa (Gareffa) Langosch Street Address (P.O. Box Number is Not Acceptable) 1411 Ashbourne Way City Deltone FL Zip Code 32725	
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 <u>Theresa (Gareffa) Langosch</u> <u>Theresa (Gareffa) Langosch</u> 3/10/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COLOMBO, VINCENT 550 RICHMOND AVE. DELTONA, FL 32725	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Langosch(Gareffa), Theresa 1411 Ashbourne Way Deltone, FL 32725	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FS MELITO, JOHN 1457 SAXON BLVD DELTONA, FL 32725	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Fuoco, Bill 658 Pineview Dr. Orange City, FL 32763	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUARDINO, MICHAEL SR 2750 RYAN LANE DELTONA, FL 32738	TITLE NAME STREET ADDRESS CITY - ST - ZIP	FS Marie T Henderson 2248 Matthew Cir Deltona, FL 32738	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CRETELLA, ANGELO 4333 LAKE ASHBY RD NEW SMYRNA BEACH, FL 32168	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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>Theresa (Gareffa) Langosch</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/10/06 <small>Date Daytime Phone #</small>	