

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000005441

1. Entity Name
CESARONI TECHNOLOGY INCORPORATED



Principal Place of Business

**1144 TALLEVAST ROAD
SUITE 108
SARASOTA, FL 34243**

Mailing Address

**1144 TALLEVAST ROAD
SUITE 108
SARASOTA, FL 34243**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1519675

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CESARONI, ANTHONY J
1144 TALLEVAST ROAD
SUITE 108
SARASOTA, FL 34243**

**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 _____ (NOTE: Registered Agent signature required when reinstating) 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**

**000000629059
02/16/07-80042-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	CESARONI, ANTHONY J
STREET ADDRESS	3850 ROYAL HAMMOCK BLVD.
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	DT
NAME	WEINBERG, ALEX
STREET ADDRESS	2561 SOUFFVILLE ROAD
CITY-ST-ZIP	GORMLEY ONTARIO L0H 1G0,
TITLE	V
NAME	KIYONAGA, JUDY V
STREET ADDRESS	3850 ROYAL HAMMOCK BLVD.
CITY-ST-ZIP	SARASOTA, FL 34240
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 9/07 941-360-3100
Date Daytime Phone # **X101**