

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F40953

FILED  
Jan 10, 2011  
Secretary of State

Entity Name: LUCARELLI PLASTERING, INC.

**Current Principal Place of Business:**

5640 TAYLOR RD  
E-5  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

5640 TAYLOR RD  
E-5  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 59-2110337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUCARELLI, ANGELO PRES.  
5640 TAYLOR RD  
E-5  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: LUCARELLI, ANGELO  
Address: 400 EUCLID AVE  
City-St-Zip: NAPLES, FL 34110

Title: VTD  
Name: LUCARELLI, GIACOMO SR  
Address: 2207 NOBLE COURT  
City-St-Zip: NAPLES, FL 34110

Title: SD  
Name: LUCARELLI, CESARE  
Address: 614 CORBEL DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: TD  
Name: LUCARELLI, DOMINICK  
Address: 1325 MARIPOSA CIR. APT. 103  
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANGELO LUCARELLI

PD

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date