

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90116 001 ***158.75

DOCUMENT # F67016

1. Entity Name

SANI-SEAL, INC.



Principal Place of Business
6025 SHADY OAKS LANE
NAPLES FL 34119

Mailing Address
6025 SHADY OAKS LANE
NAPLES FL 34119



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number
59-2230658

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICI, MARIANNE
6025 SHADY OAKS LANE
NAPLES FL 34119

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

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

(NOTE: Registered Agent signature required when certifying)

DATE

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 STD ☐ Delete
NAME NICI, MARIANNE
STREET ADDRESS 6304 41ST AVE N
CITY-ST-ZIP ST PETE FL

TITLE STD ☐ Change ☐ Addition
NAME Nicl, Marianne
STREET ADDRESS 6025 Shady Oaks Ln
CITY-ST-ZIP Naples, FL 34119

TITLE D ☐ Delete
NAME JONES, JOHN M
STREET ADDRESS 12684 81ST AVE N
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME NICI, SALVATORE J
STREET ADDRESS 6004 41ST AVE N
CITY-ST-ZIP ST PETE FL

TITLE PD ☐ Change ☐ Addition
NAME Nicl, Salvatore J
STREET ADDRESS 6025 Shady Oaks Ln
CITY-ST-ZIP Naples, FL 34119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marianne Nicl Marianne Nicl

4/18/08

727-542-5521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #