

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # **608955**

1. Entity Name

MARIANO & SON, INC.



FILED
11 MAY 23 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Mailing Address

PHILIP T. GORI

CR2E034B (1/11)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2840 N. W. Highway

195 ALXANDER PALM

City & State

City & State

POMPAHA BOH FL

BOCA RATON FL

4. FEI Number

Applied For

59-2240038

Not Applicable

Zip

Country

Zip

Country

33069

US

33432

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **LARRY DSHINS**

Street Address (P.O. Box Number is Not Acceptable)

4545 N. 520 HWY

City **FL LAKE**

FL

Zip Code **33308**

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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 title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

PHILTGORI@Gmail.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

PHILIP T. GORI
195 ALXANDER PALM
BOCA RATON FL 33432

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

PHILIP T. GORI

5-18-11

954-522-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

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IN THIS SPACE**

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