

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90029 034 ***158.75

DOCUMENT # G78142

1. Entity Name
FRESCO SERVICE, INC.



Principal Place of Business
**2003 N.W. 70TH AVENUE
MIAMI, FL 33122 US**

Mailing Address
**3446 S.W. ARMELLINI AVE.
P. O. BOX 678
PALM CITY, FL 34990 US**

40013641



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2365014

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NICHOLASON, JOHN J.
3446 SW ARMELLINI AVE.
PALM CITY, FL 34990**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **DUSHARM, JUDITH R**
STREET ADDRESS **1230 SW DYER POINT RD**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **CD** ☐ Delete
NAME **ARMELLINI, J.**
STREET ADDRESS **1930 SW CRANE CREEK AVE**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **VD** ☐ Delete
NAME **ARMELLINI, RICHARD**
STREET ADDRESS **5420 VIA OLAS**
CITY-ST-ZIP **NEWBURY PARK, CA 91320**

TITLE **STD** ☐ Delete
NAME **NICHOLASON, JOHN J.**
STREET ADDRESS **1149 SW HOGAN ST.**
CITY-ST-ZIP **PT. ST. LUCIE, FL**

TITLE **VD** ☐ Delete
NAME **DRURY, JEFFREY**
STREET ADDRESS **16227 SW TWO WOOD WAY**
CITY-ST-ZIP **INDIANTOWN, FL 34956**

TITLE **PD** ☐ Delete
NAME **ARMELLINI, DAVID**
STREET ADDRESS **611 NW SUNSET DR**
CITY-ST-ZIP **STUART, FL 34994**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Change ☒ Addition
NAME **Armellini, Stephen**
STREET ADDRESS **10510 Paris Street**
CITY-ST-ZIP **Cooper City, FL 33026**

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

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

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

TITLE ☐ Change ☐ Addition
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 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

John J. Nicholason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Nicholason, STD 772-287-0575

Date

Daytime Phone #