

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # G82748

1. Entity Name
ANTHONY GENNARO PLUMBING CONTRACTOR, INC.



Principal Place of Business

**4819 TEA ROSE CT
LUTZ, FL 33558-9004 US**

Mailing Address

**4819 TEA ROSE CT
LUTZ, FL 33558-9004 US**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2402193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GENNARO, LESLIE J
4819 TEA ROSE CT
LUTZ, FL 33558-9004**

**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

Leslie J. Gennaro **LESLIE J. GENNARO** Secretary/Treasurer 3/10/07
(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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GENNARO, ANTHONY J.
STREET ADDRESS	4819 TEA ROSA CT
CITY-ST-ZIP	LUTZ, FL 335589004
TITLE	ST
NAME	GENNARO, LESLIE
STREET ADDRESS	4819 TEA ROSE CT
CITY-ST-ZIP	LUTZ, FL 335589004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/07-80044-021 150.00

**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

Leslie J. Gennaro **LESLIE J. GENNARO** 3/10/07 (813) 930-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #