

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G82997**

1. Entity Name  
**A.J. IUPPA, INC.**



Principal Place of Business  
**1239 S MISSOURI AVE  
CLEARWATER, FL 33756**

Mailing Address  
**1239 S MISSOURI AVE  
CLEARWATER, FL 33756**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2369439</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MEZER, STEVEN H P.A.  
220 S FRANKLIN STREET  
TAMPA, FL 33602**

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

000000588533  
06/02/06-80001-002 550.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	IUPPA, ANTONIO
STREET ADDRESS	1355 INDIAN ROCKS ROAD
CITY-ST-ZIP	CLEARWATER, FL 33756

TITLE	TD
NAME	IUPPA, MARY C.
STREET ADDRESS	1355 INDIAN ROCKS ROAD
CITY-ST-ZIP	CLEARWATER, FL 33756

TITLE	VD
NAME	IUPPA, JAMES
STREET ADDRESS	1662 BELLROSE DR N
CITY-ST-ZIP	CLEARWATER, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

530-06

443-4415

(727)