

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H15087

Entity Name: FERRENTINO & SON, INC.

FILED  
Mar 15, 2008  
Secretary of State

## Current Principal Place of Business:

434 SW 14TH ST  
OCALA, FL 34474 US

## New Principal Place of Business:

## Current Mailing Address:

P.O BOX 5758  
OCALA, FL 344785758 US

## New Mailing Address:

FEI Number: 59-2467162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERRENTINO, EDWARD J  
434 SW 14TH ST  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D (X) Delete  
Name: BENNETCH, SUZANNE E  
Address: 12595 NE HWY 315  
City-St-Zip: FT MCCOY, FL 32134

Title: D (X) Delete  
Name: FERRENTINO, CATHY  
Address: 2029 58TH LN N  
City-St-Zip: CLEARWATER, FL 34620

Title: PVSD ( ) Delete  
Name: FERRENTINO, EDWARD J  
Address: 434 SW 14TH ST  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: FORT, NICOLE  
Address: 3545 BEECHWOOD TERRACE  
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete  
Name: OWENS, BRADLEY  
Address: 6584 S.E. 89TH STREET  
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete  
Name: STEPPEN, THOMAS  
Address: 3245 SW 46TH AVE  
City-St-Zip: OCALA, FL 34474

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FORT, NICOLE E  
Address: 2600 SW 10TH ST #407  
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE E FORT

DIR

03/15/2008

Electronic Signature of Signing Officer or Director

Date