

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # H44449

1. Entity Name
**SIGNORELLI DEVELOPMENT AND INVESTMENT
GROUP, INC.**



Principal Place of Business
**9181 85TH AVE NORTH
SEMINOLE, FL 33777 US**

Mailing Address
**9181 85TH AVE NORTH
SEMINOLE, FL 33777 US**



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2639320

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIGNORELLI, PATRICK C.
9181 85TH AVE. N.
SEMINOLE, FL 33777**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

1100000709891
04/25/07-80022-006 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SIGNORELLI, PATRICK C.
STREET ADDRESS 9181 85TH AVE NORTH
CITY- ST- ZIP SEMINOLE, FL

TITLE VST
NAME SIGNORELLI, LOUISE H.
STREET ADDRESS 9181 85TH AVE NORTH
CITY- ST- ZIP SEMINOLE, FL

TITLE D
NAME SIGNORELLI, LOUISE H.
STREET ADDRESS 9181 85TH AVE NORTH
CITY- ST- ZIP SEMINOLE, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-07

Date

(727) 398-1032

Daytime Phone #

PATRICK C. SIGNORELLI