2005 FOR PROFIT CORPORATION ANNUAL REPORT

I

Aug 04,
Secre

DOCUMENT # H71629

1. Entity Name
CACIOPPO & SON OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1307 E. NORMENDY BLVD DELTONA, FL 32725 US	1307 E. NORMENDY BLVD DELTONA, FL 32725 US

DO NOT WRITE IN THIS SPACE

08012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2566912

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORMOSO, VITA
1307 NORMANDY BLVD.
DELTONA, FL 32738

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	FORMOSO, VITA
STREET ADDRESS	PO BOX 5009
CITY-ST-ZIP	DELTONA, FL
TITLE	PD
NAME	FORMOSO, GIACINTO
STREET ADDRESS	PO BOX 5009
CITY-ST-ZIP	DELTONA, FL
TITLE	V
NAME	ORLANDO, CORY
STREET ADDRESS	P.O. BOX 5009
CITY-ST-ZIP	DELTONA, FL
TITLE	AS
NAME	ORLANDO, CHUCK
STREET ADDRESS	P.O. BOX 5009
CITY-ST-ZIP	DELTONA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000375558
08/04/05-80003-003 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 8/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #