

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # J20412

1. Entity Name
CLARA SCHIANO CORP.



Principal Place of Business
**385 COMMERCE WAY
LONGWOOD, FL 32750 US**

Mailing Address
**385 COMMERCE WAY
LONGWOOD, FL 32750 US**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-2765884

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**DULIN, RAMSEY W
201 E PINE ST
SUITE 425
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

6. 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 (applicable). (NOTE: Registered Agent signature required when registering)

**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**

**000000392345
01/24/06-80076-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PVPD SCHIANO, BIAGIO L. 872 CRESTON DRIVE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY ST ZIP	T ROE, CELINA P 1202 BENT OAK TRAIL ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY ST ZIP	S MILLIARD, JOHN 1467 CREEKSIDE CIRCLE WINTER SPRINGS, FL 32708
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

Date

Day-Mo-Year

1/16/06