


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # K37856**  
 1. Entity Name  
 CIRASA/CIRASA, INCORPORATED



Principal Place of Business  
 12788 SW PEMBROKE CIR  
 LAKE SUZY, FL 34269 US

Mailing Address  
 12788 SW PEMBROKE CIR  
 LAKE SUZY, FL 34266 US

**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0079292

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARRYOTT, THOMAS D.  
 126 E OLYMPIA  
 PUNTA GORDA, FL 33950

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CIRASA, MARY ANN
STREET ADDRESS	12788 SW PEMBROKE CIR
CITY-ST-ZIP	LAKE SUZY, FL 34269
TITLE	VD
NAME	CIRASA, WILLIAM
STREET ADDRESS	12788 SW PEMBROKE CIR
CITY-ST-ZIP	LAKE SUZY, FL 34269
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000777102  
 01/09/08-80049-018 150.00

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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:** William Cirasa **WILLIAM CIRASA** 1-7-08 94-627-9227  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #