

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L36397

1. Entity Name
GASTON BELLINI HOLDINGS, INC.



Principal Place of Business

**C/O PETER B WELLS
500 94TH AVE NORTH
SAINT PETERSBURG, FL 33702-2406 US**

Mailing Address

**C/O PETER B WELLS
500 94TH AVE NORTH
SAINT PETERSBURG, FL 33702-2406 US**



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2983515

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WELLS, PETER B
500 94TH AVE NORTH
SAINT PETERSBURG, FL 33702-2406**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000811868
02/12/08-90024-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BELLINI, GASTON
STREET ADDRESS	3338 BRISTAL PLACE
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	PST
NAME	BELLINI, GASTON
STREET ADDRESS	3338 BRISTAL PLACE
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	V
NAME	WELLS, PETER B
STREET ADDRESS	500 94TH AVE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 337022406
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

X JAN. 31/08 X 727-5781040

Date

Daytime Phone #