2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L91600

1. Entity Name
AGRILLO, INC.

Principal Place of Business	Mailing Address
730 S. FEDERAL HWY. STUART, FL 34994 US	730 S. FEDERAL HWY. STUART, FL 34994 US

DO NOT WRITE IN THIS SPACE

03132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0210145

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AGRILLO, ANTHONY
730 S. FEDERAL HWY.
STUART, FL 34994

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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: [signature] ANTHONY J AGRILLO 3/13/06
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AGRILLO, ANTHONY J.
STREET ADDRESS	730 S. FEDERAL HWY.
CITY-ST-ZIP	STUART, FL 34994
TITLE	D
NAME	AGRILLO, JELCHITA
STREET ADDRESS	730 S. FEDERAL HWY.
CITY-ST-ZIP	STUART, FL 34994
TITLE	D
NAME	AGRILLO, JOSEPHINE C
STREET ADDRESS	730 S. FEDERAL HWY.
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	REICHERT, TERESA A
STREET ADDRESS	1136 NE COY SENDA
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/24/06-80020-018 150.00

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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: [signature] President 3/13/06 772 287-1560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #