

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # L91600 1. Entity Name AGRILLO, INC.	
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Principal Place of Business 730 S. FEDERAL HWY. STUART, FL 34994 US	Mailing Address 730 S. FEDERAL HWY. STUART, FL 34994 US
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03132006 No Chg-P CR2E034 (11/05)

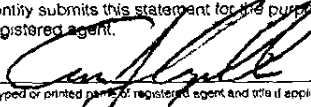
DO NOT WRITE IN THIS SPACE

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

**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:  **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**

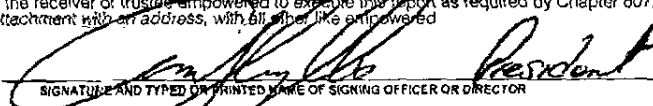
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

**U00000468176
03/24/06-80020-018 150.00**

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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:  **Resident** **3/13/06** **772 287-1560**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #