

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90049 011 ***158.75

DOCUMENT # M09500

1. Entity Name
ARMELLINI INDUSTRIES, INC.



Principal Place of Business
**3446 SW ARMELLINI AVE
P.O BOX 678
PALM CITY, FL 34990**

Mailing Address
**3446 SW ARMELLINI AVE
P.O BOX 678
PALM CITY, FL 34990**

40052816



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03272007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2492304

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICHOLASON, JOHN J.
3446 SW ARMELLINI AVE.
PALM CITY, FL 34990**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME ARMELLINI, JULIO
STREET ADDRESS 1930 SW CRANE CREEK AVE
CITY - ST - ZIP PALM CITY, FL 34990

TITLE VD ☒ Delete
NAME MERRITT, JAMES T
STREET ADDRESS 10410 S OCEAN DR 1007
CITY - ST - ZIP JENSEN BEACH, FL 34957

TITLE PD ☐ Delete
NAME ARMELLINI, RICHARD
STREET ADDRESS 5420 VIA OLAS
CITY - ST - ZIP NEWBURY PARK, CA 91320
Change

TITLE VD ☐ Delete
NAME ARMELLINI, DAVID
STREET ADDRESS 611 NW SUNSET DR
CITY - ST - ZIP STUART, FL 34994
Change

TITLE STD ☐ Delete
NAME NICHOLASON, JOHN J.
STREET ADDRESS 1149 SW HOGAN ST
CITY - ST - ZIP PT ST LUCIE, FL

TITLE VD ☐ Delete
NAME DRURY, JEFFREY
STREET ADDRESS 16227 SW 2 WOOD WAY
CITY - ST - ZIP INDIANTOWN, FL 34956

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VD ☐ Change ☒ Addition
NAME Dusharm, Judith R.
STREET ADDRESS 1230 SW Dyer Point Rd
CITY - ST - ZIP Palm City, FL 34990

TITLE VD ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Daytime Phone #