

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M96259 1. Entity Name MINEO & FAMILY ENTERPRISES, INC.	
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Principal Place of Business 10661 GULF BLVD. TREASURE ISLAND, FL 33706	Mailing Address C/O BROIDA & MCKINNEY, PA 605 75TH AVE. ST. PETERSBURG BEACH, FL 33706 US
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01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2920660	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROIDA & MCKINNEY, PA C/O S. KEITH MCKINNEY, JR. 605 75TH AVE. ST. PETERSBURG BEACH, FL 33706

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

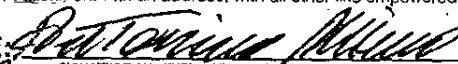
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPO MINEO, ANTONINO 7133 37TH AVENUE, NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSTO MINEO, GIUSEPPA I 7133 37TH AVENUE, NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO AMENTA, LAURA 3009 BOCA CIEGA DR SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MINEO, STEFANO A 8026 28TH AVE N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CALI, INES 6301 58TH ST N #501 PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/24/05-80055-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2-21-05-727-367-5144

Date Daytime Phone #