

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90022 043 ***150.00

DOCUMENT # M96259

1. Entity Name
MINEO & FAMILY ENTERPRISES, INC.



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**

40048351



DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2920660

Applied For
Not Applicable

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

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 _____

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

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONINO MINEO

3-13-08

Date

Daytime Phone #

727-367-5844