

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00486

FILED
Jul 06, 2005
Secretary of State

Entity Name: THE MASTROGIACOMO DUO, INC.

Current Principal Place of Business:

2809 ST. LEONARD DRIVE
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

2809 ST. LEONARD DRIVE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-2351513 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MASTROGIACOMO, LEONARD
2809 ST. LEONARD DRIVE
TALLAHASSEE, FL 32312 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MASTROGIACOMO, LEONA, RD
Address: 2809 ST LEONARD DR
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: MASTROGIACOMO, NORMA,
Address: 2809 ST. LEONARD DR.
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: FLEET, IRVING,
Address: 1575 HICKORY AVE
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: GLIDDEN, ROBERT,
Address: 6759 CIRCLE J
City-St-Zip: TALLAHASSEE, FL

Title: DST () Delete
Name: KELLEY, CLAIRE,
Address: 3203 ENTERPRISE DR
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD MASTROGIACOMO

DP

07/06/2005

Electronic Signature of Signing Officer or Director

Date