


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000004474 1. Entity Name THE JENO AND LOIS PAULUCCI FAMILY FOUNDATION II, INC.	
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Principal Place of Business 201 W 1 ST SANFORD, FL 32771	Mailing Address 201 W 1 ST SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 05-0573856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NELSON, LARRY W 201 W 1 ST SANFORD, FL 32771
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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 renewing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULUCCI, JENO F 201 W 1 ST SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULUCCI, LOIS M 201 W 1 ST SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, LARRY W 201 W 1 ST SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMES, LAURENCE C 201 W 1 ST SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/21/07-80011-016 61.25

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 617, 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:  **Larry W. Nelson** **4/27/07** **407-321-7004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #