


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

FILED

**Feb 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # N03000010840 1. Entity Name FICURMA, INC.	
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Principal Place of Business
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637

Mailing Address
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637



02262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0505764	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DONATELLI, BENJAMIN N
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000648163
03/06/07-80100-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZERNIEC, TIM 1130 NE SECOND AVE MIAMI SHORES, FL 33161
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVINGSTON, RANDY 3400 GULF TO BAY BLVD CLEARWATER, FL 33759
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMUL, JACK 150 W UNIVERSITY BLVD MELBOURNE, FL 32901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCENIRY, ALLEN 901 S FLAGLER AVE W PALM BCH, FL 33416
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEN DONATELLI

2-26-07

Date

813-975-7166

Daytime Phone #