



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90018 009 ****70.00

DOCUMENT # N07000000711 1. Entity Name SAM SIRIANNI MEMORIAL, INC.					
Principal Place of Business 2635 CORTEZ BLVD. ATTN BOBBIE SIZEMORE FORT MYERS, FL 33901			Mailing Address 2635 CORTEZ BLVD. ATTN BOBBIE SIZEMORE FORT MYERS, FL 33901		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03112008 Chg-NP CR2E037 (12/06) <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Randolph, Michael D ESQ 2235 First Street Fort Myers, FL 33901			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DIR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIZEMORE, BOBBIE			NAME	
STREET ADDRESS	9275-102 LAKE PARK DRIVE			STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS, FL 33911			CITY - ST - ZIP	
TITLE	DIR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, JONI			NAME	
STREET ADDRESS	5801 RIVERSIDE LANE			STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS, FL 33919			CITY - ST - ZIP	
TITLE	DIR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRIANNI, SAMMY JR			NAME	
STREET ADDRESS	1394 FLORIDA AVENUE			STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS, FL 33901			CITY - ST - ZIP	
TITLE	DIR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAROSA, DAVID			NAME	
STREET ADDRESS	6867-52 PENTLAND WAY			STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS, FL 33966			CITY - ST - ZIP	
TITLE	DIR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURRAY, DARIN			NAME	
STREET ADDRESS	7868 GO CANES WAY			STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS, FL 33912			CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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: 				Date 4-7-08 Daytime Phone # 239-334-2167	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					