

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90135 039 ****61.25

40045000



02222007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2624113

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
1050A E. WOODLANDS PKWY
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

Name
Scannavino, Inc.
Street Ad.
720 Brooker Creek Blvd. #206
Oldsmar, FL 34677
City
ode

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

Thomas Bazzone

3-27-07

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BAZZONE, TOM | |
| STREET ADDRESS | 130 GREENHAVEN CIR | |
| CITY-ST-ZIP | OLDSMAR, FL 34677 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | FUSARI, RICK | |
| STREET ADDRESS | 25 GREENHAVEN CIR | |
| CITY-ST-ZIP | OLDSMAR, FL 34677 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GLENN, RICHARD | |
| STREET ADDRESS | 30 GREENHAVEN CIRCLE | |
| CITY-ST-ZIP | OLDSMAR, FL 34677 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BREAUX, TIMOTHY | |
| STREET ADDRESS | 60 WINDRUSH COURT | |
| CITY-ST-ZIP | OLDSMAR, FL 34677 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SILVER, LARRY | |
| STREET ADDRESS | 90 GREENHAVEN CIR | |
| CITY-ST-ZIP | OLDSMAR, FL 34677 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: *Thomas Bazzone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07

727-784-6544

Date

Daytime Phone #