

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N15875

1. Entity Name
GIVE SOME BACK, INC.



Principal Place of Business
**C/O TOM SICCONI
2982 NEEDHAM CT
DELRAY BEACH, FL 33445 US**

Mailing Address
**C/O TOM SICCONI
2987 NEEDHAM CT
DELRAY BEACH, FL 33445 US**



07192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

**SICCONI, TOM
2987 NEEDHAM CT
DELRAY BEACH, FL 33445**

**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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCNERNEY, PETER J.
STREET ADDRESS	374 HUMPHREY ST.
CITY - ST - ZIP	SWAMPSCOTT, MA

TITLE	STD
NAME	PUGLIESE, PAUL T.
STREET ADDRESS	1000 N US HWY #1, #728
CITY - ST - ZIP	JUPITER, FL 33477

TITLE	PD
NAME	SICCONI, THOMAS N.
STREET ADDRESS	2987 NEED HAM CTVD.
CITY - ST - ZIP	DELRAY BEACH, FL 33445

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100001377062
08/25/05-80004-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

8/19/05

Date

561-485-0000

Daytime Phone #