


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N15875</b> 1. Entity Name GIVE SOME BACK, INC.	
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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
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07172007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	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**

SICCONI, TOM 2987 NEEDHAM CT DELRAY BEACH, FL 33445
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**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 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCNERNEY, PETER J. 374 HUMPHREY ST. SWAMPSCOTT, MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PUGLIESE, PAUL T. 1000 N US HWY #1, #728 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SICCONI, THOMAS N. 2987 NEED HAM CTVD. DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000772768  
08/28/07-80002-016 61.25

**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:

*Thomas Siccone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/07

561-495-0022

Date

Daytime Phone #