


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000005921</b> 1. Entity Name <b>JOHN G. &amp; ANNA MARIA TROIANO FOUNDATION, INC.</b>	
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Principal Place of Business <b>435 L'AMBIANCE DRIVE, K-805 LONGBOAT KEY, FL 34228</b>	Mailing Address <b>435 L'AMBIANCE DRIVE, K-805 LONGBOAT KEY, FL 34228</b>
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**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0716854</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>TROIANO, ANNA MARIA 435 L'AMBIANCE DRIVE, K-805 LONGBOAT KEY, FL 34228</b>
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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 reappointing)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSSO, JOSEPH A C/O 435 L'AMBIANCE DR, K-805 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROIANO, ANNA M 435 L'AMBIANCE DRIVE, K-805 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, MARIE A C/O 435 L'AMBIANCE DRIVE, K-805 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/29/08-80076-001 61.25

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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.

<b>SIGNATURE:</b> Anna Maria Troiano <i>Anna Maria Troiano</i> 1/18/2008 941-383-4570
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>