

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000007305

1. Entity Name
SANTAMARIA & SON, INC.



Principal Place of Business
4145 EVERGLADES BLVD N
NAPLES, FL 34120

Mailing Address
4145 EVERGLADES BLVD N
NAPLES, FL 34120

DO NOT WRITE IN THIS SPACE

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04232005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0974398

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAN TAMARIA, RAUL
4145 EVERGLADES BLVD N
NAPLES, FL 34120

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANTAMARIA, RAUL
STREET ADDRESS	4145 EVERGLADES BLVD N
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/05-80009-002 150.00

**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 607, 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

04/23/05. 305 481 4305

Date

Daytime Phone #