## 2007 FOR PROFIT CORPORATION

## **FILED** Mar 12, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P00000009719 1. Entity Name GIAMMONA, INC. Principal Place of Business Mailing Address 12088 93RD WAY N. 12088 93RD WAY N. LARGO, FL 33773 LARGO, FL 33773 03072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2212813 Not Applicable \$8.75 Additional nd + austras 5. Certificate of Status Desired repair s. and properly and also Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GIAMMONA, NICHOLAS 12088 93RD WAY N. LARGO, FL 33773 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE GIAMMONA, NICHOLAS NAME 12088 93RD WAY N. STREET ADDRESS CITY-ST-ZIP LARGO, FL 33773 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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 fike empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR