

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000018587

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: AGOSTINO'S DESIGN GROUP, INC.

## Current Principal Place of Business:

3066 N. TAMIAMI TRAIL  
SUITE #201  
NAPLES, FL 34103

## New Principal Place of Business:

## Current Mailing Address:

3066 N. TAMIAMI TRAIL  
SUITE #201  
NAPLES, FL 34103

## New Mailing Address:

FEI Number: 59-3692377      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCIACQUA, GUS  
3078 N. TAMIAMI TRAIL  
NAPLES, FL 34103      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VS ( ) Delete  
Name: SCIACQUA, GUS  
Address: 136 HICKORY RD.  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: SCIACQUA, PHILIP  
Address: 136 HICKORY RD.  
City-St-Zip: NAPLES, FL 34108

Title: P ( ) Delete  
Name: SCIACQUA, DAVID  
Address: 2105 AMARGO WAY  
City-St-Zip: NAPLES, FL 34119

Title: S ( ) Delete  
Name: OBERLIN, PEGGY  
Address: 5710 STARGRASS LN  
City-St-Zip: NAPLES, FL 34116

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SCIACQUA

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02/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date