

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90106 022 \*\*\*150.00

**DOCUMENT # P00000021052**

1. Entity Name  
**AMICI ITALIAN EATERY, INC.**



Principal Place of Business  
**1901 W. BAY DR., UNIT A1  
LARGO, FL 33770**

Mailing Address  
**1901 W. BAY DR., UNIT A1  
LARGO, FL 33770**

40005500



**DO NOT WRITE IN THIS SPACE**

01102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3629368**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MANTIONE, MARY  
1901 W. BAY DR., UNIT A1  
LARGO, FL 33770**

**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, 2008 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	MANTIONE, MARY
STREET ADDRESS	1901 W. BAY DR., UNIT A1
CITY-ST-ZIP	LARGO, FL 33770
TITLE	VP
NAME	MANTIONE, GIUSEPPE
STREET ADDRESS	1901 W. BAY DR., UNIT A1
CITY-ST-ZIP	LARGO, FL 33770
TITLE	ST
NAME	MANTIONE, CARMELO
STREET ADDRESS	1901 W. BAY DRIVE UNIT A1
CITY-ST-ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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

Date Daytime Phone #