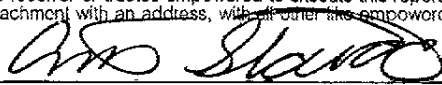


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000023811					
1. Entity Name STAIANO'S INVESTMENT MANAGEMENT CO., INC.					
Principal Place of Business 1978 S6 60 E LAKE WALES FL 33853			Mailing Address 1978 S6 60 E LAKE WALES FL 33853		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0988684	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STAIANO, ANTHONY 701 LAKE STARR BLVD., 5 LAKE WALES FL 33898				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY ST ZIP	D STAIANO, ANTHONY ☐ Delete 701 LAKE STARR BLVD., 5 LAKE WALES FL 33853				
TITLE NAME STREET ADDRESS CITY ST ZIP	D STAIANO, JENNIFER ☐ Delete 701 LAKE STARR BLVD., 5 LAKE WALES FL 33853				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
U00000603747 ☐ Change ☐ Addition 01/23/07-80026-016 150.00					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  1/22/07 863-679-2922					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					