

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # P00000034477

1. Entity Name
FRED N. PASSARELLI, INC.



Principal Place of Business
**13740 FOX GLOVE ST
WINTER GARDEN, FL 34787**

Mailing Address
**13740 FOX GLOVE ST
WINTER GARDEN, FL 34787**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3637374	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PASSARELLI, FRED N
13740 FOX GLOVE ST
WINTER GARDEN, FL 34787**

**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 _____ (NOTE: Registered Agent signature required when reappointing) 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 **D**
NAME **PASSARELLI, FRED N**
STREET ADDRESS **13740 FOX GLOVE ST.**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **S**
NAME **PASSARELLI, ELIZABETH M**
STREET ADDRESS **13470 FOX GLOVE ST.**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

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U00000779045
01/11/08-80022-021 158.75

**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: FRED N. PASSARELLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/08 (407) 905-2500
Date Daytime Phone #