# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 01, 2007**
**Secretary of State**

DOCUMENT# P00000043650

**Entity Name:** PIERGIOVANNI ENTERPRISES, INC.

**Current Principal Place of Business:**

7581 CAPE SAN BLAS ROAD
PORT ST JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

7581 CAPE SAN BLAS ROAD
PORT ST JOE, FL 32456

**New Mailing Address:**

**FEI Number: 59-2404066** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIERGIOVANNI, DALE
7581 CAPE SAN BLAS ROAD
PORT ST JOE, FL 32456 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: PD ( ) Delete
Name: PIERGIOVANNI, DALE
Address: 7581 CAPE SAN BLAS ROAD
City-St-Zip: PORT ST JOE, FL 32456

Title: VD ( ) Delete
Name: PIERGIOVANNI, DALE A
Address: 7583 CAPE SAN BLAS ROAD
City-St-Zip: PORT SAINT JOE, FL 32456

Title: STD ( ) Delete
Name: PIERGIOVANNI, DEAN C
Address: 7577 CAPE SAN BLAS ROAD
City-St-Zip: PORT ST JOE, FL 32456

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DALE PIERGIOVANNI PD 03/01/2007

Electronic Signature of Signing Officer or Director — Date